

Shikeb Saddozai-CDCR#AY1590
Salinas Valley State Prison
P.O.Box 1050
Soledad, California, 93960
In Pro se



UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

RECEIVED

SEP 10 2020

SUSAN Y. SOONG
CLERK, U.S. DISTRICT COURT
NORTH DISTRICT OF CALIFORNIA
SAN JOSE OFFICE

Shikeb Saddozai,
Petitioner/Plaintiff,
v.

Case No. 18-05558 BLF(PR)

MOTION FOR APPOINTMENT
OF COUNSEL

Ron Davis, et al.,
Defendant/Appellee

Pursuant to 28 U.S.C. § 1915 (e)(1) Petitioner/Plaintiff Shikeb Saddozai, whom is incarcerated in state custody moves for an order appointing counsel to represent him in this case, and in the interest of justice so require. In support of this motion Petitioner/Plaintiff states:

1. Petitioner is in state custody and indigent and unable to afford counsel made evident by leave to proceed in forma pauperis, granted by the courts.
2. The issues in the case are complex because it contains several legal claims with each claim involving a different set of arguments that arise out of the conduct, transaction, or occurrence set out or attempted to be set out in the original pleadings. FRCP 20(a)(2)

3. Petitioner has no legal knowledge of the law, with only a high school education, not competent to try the case, in addition has received assistance from inmate peers. within petitioner's custody also known as jail house lawyers, and attorney can make a difference in the outcome of case and so petitioner's interest may be protected by the professional assistance of counsel.

See Ex-A

4. Petitioner has extremely limited or no access while in custody to prison law library needed to prepare, file, photo-copy confidential-legal documents, notarize, certify, or obtain legal manila envelopes, legal reference materials, print from legal reference materials or print electronic copies from the law library electronic data base system, nor provided assistance from a librarian trained in the field of law, nor provided legal book check-outs, in order to prosecute court actions and due to extraordinary circumstances is preventing petitioner from meeting goals and deadlines.

See Ex-B

5. Attorney might identify additional potential issues and explain the applicable legal principles to the petitioner and limit litigation to potential meritorious issues. In addition, appointment of counsel provides the unlettered incarcerated people with an opportunity to obtain representation equally qualified with the professional counsel usually provided by the state for the defendant's, and frequently, as in the present instance, (COVID-19) a lawyer can negotiate the settlement of a meritorious claim. If the case goes to trial, counsel for the plaintiff/petitioner can shorten the trial and limit evidence to relevant issues, benefiting his client, opposing parties, and the court. See, *Knighon v. Watkins*, 616 f.2d 795, 799 (5th Cir. 1980)

6. The case requires investigation that Petitioner/Plaintiff will not be able to do because of his imprisonment preventing his ability to litigate, such as obtaining the following: discovery of documents petitioner is not allowed to have, and preparation beyond the ability of a pro se prisoner.

1 7. Petitioner/Plaintiff is incapable of representing himself
2 due to his clinical assessment inaccordance with the Mental
3 Health Services Delivery System(MHSDS),under the Correctional
4 Clinical Case Management System(CCCMS),level of care reflected
5 in his diagnosis within his custody,warranting appointment of
6 counsel or gaurdian ad litem under FRCP 17(c) to protect
7 incompetent person who is unrepresented in an action FRCP 17(c)2.
8 See Ex-C

9 8. Petitioner/Plaintiff suffers sufficient physical disabilities
10 in his dominant hand and arm area with radial loss of function
11 and permanant nerve damage sustained from a gun shot wound,
12 constituting a disability and such impairments,impede and
13 frustrating his ability to initiate and maintain legal
14 litigation activities in addition to deprivity of his confine-
15 ment requiring representation.
16 See Ex-D

17 9. Courts responses to Petitioner/Plaintiff's pleading's has
18 undoubtedly contained seemingly authoritative citations and
19 without physical access,paging or scheduled services to the
20 prison law library and resources to i.e.,print citations,
21 conduct legal research from the law library electronic data
22 base system,which are essential services denied,petitioner
23 cannot rebut courts or defendant's arguments relied on
24 citations placing plaintiff in pro se at even greater
25 disadvantage establishing exceptional circumstances not
26 within petitioner's control or access.
27 See Ex-E

28 10. Petitioner/Plaintiff has intentionally had his legal documents,
materials,and legal correspondence reviewed,destroyed and
obstructed by gaurds and staff out of retaliation and punish-
ment to petitioner's access of the courts and to prevent
petitioner from initiating and maintaining court actions.
See Ex-F

11 11. Prison facility within petitioner's custody has had frequent
12 prison lockdowns without notice or reason shown to be illig-
13 itmate for many months causing petitioner to be isolated to
14 cell quarters exceeding 24hour confinements without movements
15 preventing petitioner from presenting grievances or discover
16 grievances to litigate effectively in pro se.

12. Petitioner/Plaintiff has requested a hearing/trial requiring much greater legal skills than the petitioner has or can develop such as the constitutionality of a federal statute, questions of the extent of prisoners rights under the federal disability statutes, determining whether a prison regulation violates petitioner's rights in the preparation and filing of petition, and counsel's assistance is necessary to make full use of discovery. 18 U.S.C. § 3006 (a)(2)(B).

13. Expert testimony will be needed and requiring process serving on multiple defendant's and witnesses, that will require depositions and interviews, some who are supervisory officials, presenting complex legal issues of determining which defendant's were sufficiently personally involved in the constitutional violations to be held liable.

14. There will be credibility issues strongly expected to be disputed which will require an attorney to conduct cross-examination that will involve conflicting testimony and counsel would better enable plaintiff to present evidence by virtue of experience and not of being locked up in petitioner/plaintiff custody.

15. Counsel is required for effective use of discovery and necessary for due process particularly in complex cases as reflected in Fed. Rules of Habeas Corpus Rule 6(a), 8(c); Dillion v. United States (9th Cir.1962) 307 f2d 445.

16. Petitioner has undergone multiple retaliatory institutional transfers against his will and at all times without access and control over his properties consisting of his legal documents, materials, and stationary in possession of officials who have acted with deliberate indifference, purposefully lost and destroyed petitioners pleadings, exhibits, evidence, and due to changed circumstances, has prevented petitioner from prosecution of legal actions.
See Ex-G

17. Petitioner/Plaintiff's case has merit and the aforementioned factors have been met.

- 1 18. In the alternative petitioner/plaintiff requests a
2 "Protective Petition" under; Pace v. DiGuglielmo (2005)
3 544 US 408,161 L.Ed 2d 669,125 S.Ct 1807; Heleva v. Brooks
4 (3d Cir.2009) 581 f.3d 187,192.
5
6 19. Should the courts deny Petitioner/Plaintiff's, MOTION FOR
7 APPOINTMENT OF COUNSEL, petitioner request the courts to
8 provide a brief recital as to why the motion should not be
9 granted based on the aforementioned factors. See, Allen v.
10 Thomas, 388 f.3d 147,150 (5th Cir.2004); Howland v. Kilquist,
11 833 f.2d 639,646 (7th Cir.1987)
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WHEREFORE, this Honorable Court should appoint counsel to represent the Petitioner in this case.

Dated: September 8, 2020

Saddozai®:ShikebSaddozai-UCC-1-308

Shikeb Saddozai®Petitioner
In Pro se

EXHIBIT - A

EXHIBIT - A

EXHIBIT A



Individual Report for SADDOLAI S

Report Identification Information

Student ID: AY 1590
 Test Date: 01/24/19
 Report Date: 01/25/19
 Page No: 16

Test Group: Sutton01242019AM
 Test Name: TABE 9/10 Basic Ed
 Examiner: Sutton, B ABE 3
 Site Name: 03
 Tag Group: Entire Group

Skill Area	L/F	NC	NA	SS	GE	NP	NS	OM
Reading	D9	23	50	469	4.4	29	4	20
Mathematics Computation	D9	11	39	371	2.7	7	2	0
Applied Mathematics	D9	15	50	442	3.8	22	3	11
Language	D9	22	55	443	2.7	20	3	0
Total Mathematics		26	89	406	3.1	12	3	
Total Battery		71	194	439	3.3	19	3	

L/F=Test Level & Form
 NC=Number Correct
 NA=Number Attempted

SS=Scale Score
 GE=Grade Equivalent
 NP=National Percentile

NS=National Stanine
 OM=% Objectives Mastered

Predicted GED		
Content Area	Score	Status
Reading	320	Instructional
Mathematics	280	Instructional
Writing	350	Instructional
Science	320	Instructional
Social Studies	330	Review
Average	330	Instructional

NRS Levels		
Content Area	Level	Description
Reading	3	Low Intermediate Education
Language	2	Beginning Basic Education
Total Mathematics	2	Beginning Basic Education

Objectives	Score	Mastery Level	Percent Correct
Reading			
D01 Intrap Graph	0/ 4	Non-Mastery	0
D02 Wd In Contx	0/ 4	Non-Mastery	0
D03 Recall Info	11/13	Mastery	84
D04 Const Mean	8/17	Non-Mastery	47
D05 Eval/Ex Mng	4/12	Non-Mastery	33
Subtest Average			46
Mathematics Computation			
D13 Mul Whl Num	2/ 5	Non-Mastery	40
D14 Div Whl Num	2/ 5	Non-Mastery	40
D15 Decimals	1/ 8	Non-Mastery	12
D16 Fractions	2/ 8	Non-Mastery	25
D17 Integers	3/ 9	Non-Mastery	33
D18 Percents	1/ 5	Non-Mastery	20
Subtest Average			28
Applied Mathematics			
D21 Num Operatn	1/ 8	Non-Mastery	12
D22 Comp Contxt	3/ 4	Mastery	75
D23 Estimation	1/ 5	Non-Mastery	20
D24 Measurement	3/ 6	Partial Mastery	50
D25 Geometry	1/ 6	Non-Mastery	16
D26 Data Analg	3/ 7	Non-Mastery	42
D27 Stat/Prob	2/ 4	Partial Mastery	50
D28 Pre-Alg/Alg	1/ 6	Non-Mastery	16
D29 Prob Solvg	0/ 4	Non-Mastery	0
Subtest Average			30

Objectives	Score	Mastery Level	Percent Correct
Language			
D30 Usage	9/15	Partial Mastery	60
D31 Sent Forma	1/ 7	Non-Mastery	14
D32 Para Devel	3/11	Non-Mastery	27
D33 Capitaliz	2/ 4	Partial Mastery	50
D34 Punctuation	5/11	Non-Mastery	45
D35 Writg Conv	2/ 7	Non-Mastery	28
Subtest Average			40
Total Average			36

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Individual Skills Profile

12/14/2018

08:50:18

Page 7 of 8

ISP

Saddozai, Shikeb

Agency: 8151 - California Department of
Corrections & Rehabilitation (CDCR)
Program: Basic Skills (ABE)

ID# 01251590

Most Recent	Form	Date	Scale Score	NBS Level	Item Level	Total	Correct	Attempted
Math	035M	12/13/2018	210	2	C	35	8	35

Computation	Correct
35	22 %

CASAS Math Content Standards (2009)	Correct
Number sense	17 41 %
Measurement	17 17 %
Statistics, Data Analysis and Probability	7 28 %



EDUCATION PROGRESS REPORT

Date of Report 01/09/2019						
Name (Last, First) SADDOZAI, SHIKEB		CDC Number AY1590	Institution California Correctional Institution		School Name Tehachapi Mountain Adult School	
Assignment Date 10/25/2018	Period Being Reviewed 10/25/2018 to 12/31/2018		Exit Date	Reassignment Recommendation		Reason
Program Title Adult Basic Education III						Program Grade U
Course/Component Name	Total Modules in Course Component	Modules Completed this Quarter	Cumulative Modules Completed	Course/Component Complete	Course/Component Grade	Credit Earned
English Language Arts	9	0	0	N	U	0.0
ABE 3 Mathematics	8	0	0	N	U	0.0
Module Name	Module Grade	Module Exam on Date	Placement Test Type	Placement Test Date	Module Completion Other	Other Grade
No Rows Found						
Employment Readiness/Behavior Assessment			Comments:			
Attitude	Satisfactory	Inmate Saddozai has been enrolled since 10/25/2018 doesn't appear to have completed much work. He is currently assigned to Number Power 1 and will continue working in this book this coming quarter. He will be receiving a full battery TABE in the near future.				
Ethics	Satisfactory					
Work Habits	Satisfactory					
Cooperation	Satisfactory					
Problem Solving	Satisfactory					
Active Listening	Satisfactory					
Current Testing						
Date	Test Type	Subtype	Level	Scores		
12/13/2018	CASAS		99	Math-035M - 210		
Additional Comments:						
Instructor/Teacher (Printed Name) B. Sutton		Date 01/09/2019	Supervisory Review (Printed Name) S. Fink		Date Approved 01/17/2019	

EXHIBIT - B

EXHIBIT B

STATE OF CALIFORNIA —DEPARTMENT OF CORRECTIONS AND REHABILITATION

GAVIN NEWSOM, GOVERNOR

DIVISION OF ADULT INSTITUTION
SALINAS VALLEY STATE PRISON
P.O. Box 1020
Soledad, CA 93960
(831) 678-5500



July 27, 2020

S. Saddozai, CDCR# AY1590
Housing: Facility A3-121L
Salinas Valley State Prison

Dear Mr. Saddozai,

In your letter, you spoke of issues with your mail being sent out, and included several forms documenting your correspondence with the mailroom. Included with the documentation was several CDCR forms 1819 documenting your postage was disapproved. Also included in your documentation was a CDCR 22 form documenting your trouble gaining access to the law library.

A thorough review was completed of all documentation you provided. Upon review, it was determined the mailroom staff acted within policy in all instances you included within this correspondence. In all cases, you were provided with a CDCR Form 1819 clearly documenting the reason for disapproval of your mail. I advise you to review these forms and follow the instructions included in Section A to remedy the issues. If you have any more questions regarding outgoing postage, please review California Code of Regulation, Title 15, Article 4, Sections 3130-3147.

Regarding your trouble accessing the law library. Due to the social distancing guidelines, access to law library is via window on the patio only. Unfortunately, there are no exceptions to this rule.

I trust this correspondence addresses the issues outlined in your letter and gives you direction to address said issues. Should you have any issues in the future, I advise you to utilize your resources at the lowest possible level. These resources include your Facility A Staff, CDCR form 22 Inmate Request for Interview Forms, and the Inmate Grievance Process.

A handwritten signature in black ink, appearing to be "J. Parks", is written above the printed name.

J. PARKS
Correctional Lieutenant
Salinas Valley State Prison

State of California
CDC-193

Department of Corrections

TRUST ACCOUNT WITHDRAWAL ORDER

To: Trust Office

Approved by: D. J.Date: 7/27/20

I hereby request that my Trust Account be charged .90 for the purchase of the following legal supplies and authorize the withdrawal of the sum indicated from my account.

AY1590

CDC Number

Shikeb Saddozai

Inmate's Name

A3-121

Housing (Bldg/Cell#)

Manila Envelope

S.30 X 3 = .90DeniedShikeb Saddozai

Inmate's Signature

*Envelopes are to be used solely for correspondence with the courts.*State of California
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

Department of Corrections

DATE <u>7/24/20</u>	TO <u>EDU. D. Farmer</u>	FROM (LAST NAME) <u>Saddozai</u>	CDC NUMBER <u>AY1590</u>
HOUSING <u>A3</u>	BED NUMBER <u>121</u>	WORK ASSIGNMENT	ASSIGNMENT HOURS FROM TO
Clearly state your reason for requesting this interview. You will be called in for interview in the near future if the matter cannot be handled by correspondence			
<u>Attn: D. Farmer / Please provide me Full</u> <u>First name with employee # of Librarian - Tomlinson</u> <u>for accuracy of my report pursuant to Information Practices</u> <u>Act (IPA) and Policy/Regulations - CCR Title 15 § 3084.2(a)3, and § 3450</u>			
Do NOT write below this line. If more space is required write on the back.			DATE <u>7-29-20</u>
INTERVIEWED BY <u>D. Farmer</u>			
DISPOSITION <u>S. Tomlinson</u>			

STATE OF CALIFORNIA
GA-22 (Rev 2013-10)

DEPARTMENT OF CORRECTIONS & REHABILITATION

TO: CAPT. L.M. PENNISI

INMATE REQUEST FOR INTERVIEW

DATE 7/18/2020	TO SVSP) Captain-L.M. Pennisi, Jr.	FROM (LAST NAME) Saddozai	CDCR NUMBER AY1590
HOUSING A-3	BED NUMBER 121	WORK ASSIGNMENT	JOB NUMBER FROM TO
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS FROM TO

Clearly state your reason for requesting this interview.
You will be called in for interview in the near future if the matter cannot be handled by correspondence.

NOTICE / Attn: Captain L.M. Pennisi, Jr. - 1) facility law library no longer operates denying me ability to copy legal documents needed to respond to Court orders/deadlines. 2) CDCR-Staff failed/refused assisting me in copying of legal docs Per CCR Title 15 § 3138(h)1, 3) CDCR-602-Appeal # 22-forms submitted are ignored, no remedy. Please help.

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY

DATE

DISPOSITION

Cut on this line

EDU. D. Farmer

State of California
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

Department of Corrections

DATE 7/26/20	TO EDU. D. Farmer	FROM (LAST NAME) Saddozai S	CDC NUMBER AY1590
HOUSING A3	BED NUMBER	WORK ASSIGNMENT	ASSIGNMENT HOURS FROM TO

Clearly state your reason for requesting this interview.
You will be called in for interview in the near future if the matter cannot be handled by correspondence

Attn: D. Farmer / July 21, 2020, Librarian, Tomlinson, read my legal documents without my consent, after making copies of documents kept my legal work with originals, thereafter denied me remainder of law library services as reprisal. Please return documents.

Do NOT write below this line. If more space is required write on the back.

INTERVIEWED BY D. Farmer	DATE 7-29-20
DISPOSITION You were removed from the library on 7-21-20 per Title 15 section 3122 (b) (7). Copies must conform to Title 15 Section 3162 as a legal photocopy. Therefore, Librarians must review documents.	

STATE OF CALIFORNIA
GA-22 (Rev 2013-10)

DEPARTMENT OF CORRECTIONS & REHABILITATION

INMATE REQUEST FOR INTERVIEW

DATE 7/29/20	TO A-Yard CCI - ROCHA	FROM (LAST NAME) Bld A-3 Suddozai - S	CDCR NUMBER AY1590
HOUSING A3	BED NUMBER 121	WORK ASSIGNMENT	JOB NUMBER FROM TO
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS FROM TO

Clearly state your reason for requesting this interview.
You will be called in for interview in the near future if the matter cannot be handled by correspondence.

Pursuant to: See, California Code of Regulations (CCR) Title 15 section 3138.1(h)(1), Please copy my legal documents, needed to respond to my court-deadlines, due to Librarian-Tomlinson, refusing to copy my legal documents, while approved (PLU), as reprisal to complaints I filed. Please respond below Per 3086(F)(4), If you cannot comply.

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY

D. Rocha

DATE

8/3/20

DISPOSITION

Spoke to Subject regarding issues & concerns.

DEPARTMENT OF CORRECTIONS & REHABILITATION

STATE OF CALIFORNIA
GA-22 (Rev 2013-10)

INMATE REQUEST FOR INTERVIEW

DATE 8-5-2020	TO CCI - Rocha / A-3 Bld	FROM (LAST NAME) Suddozai - S	CDCR NUMBER AY1590
HOUSING A3	BED NUMBER 121	WORK ASSIGNMENT	JOB NUMBER FROM TO
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS FROM TO

Clearly state your reason for requesting this interview.
You will be called in for interview in the near future if the matter cannot be handled by correspondence.

Attn: Rocha - CCI / I am approved (PLU) status. Librarian-Tomlinson, will not honor my (PLU) access nor operate Law library per schedule. Program office directed me to you. Due to Librarian confi. Please email Edu. Supervisor. D. Farmer to coordinate appointment.

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY

DISPOSITION

Duplicate

DATE

8/7/20

STATE OF CALIFORNIA
GA-22 (Rev 2013-10)

DEPARTMENT OF CORRECTIONS & REHABILITATION

INMATE REQUEST FOR INTERVIEW

DATE 8-5-20	TO CCI - Rocha / A3 Bid	FROM (LAST NAME) Saddozai S	CDCR NUMBER AY1590
HOUSING A3	BED NUMBER 121	WORK ASSIGNMENT	JOB NUMBER FROM TO
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS FROM TO

Clearly state your reason for requesting this interview.
You will be called in for interview in the near future if the matter cannot be handled by correspondence.

Attn-Rocha-CCI / Due to Law library services not operating pursuant to schedule/memo, Program office directed me to you. Please coordinate appointment to program office for me to copy legal documents needed for court order responses.

Do NOT write below this line. If more space is required, write on back.	
INTERVIEWED BY D. Rocha CCI	DATE 8/12/20
DISPOSITION Spoke to subject regarding issues & concerns.	

STATE OF CALIFORNIA
GA-22 (Rev 2013-10)

DEPARTMENT OF CORRECTIONS & REHABILITATION

INMATE REQUEST FOR INTERVIEW

DATE 7/29/20	TO A-Yard-Lieutenant-Meredith	FROM (LAST NAME) S. Saddozai	CDCR NUMBER AY1590
HOUSING A3	BED NUMBER 121	WORK ASSIGNMENT	JOB NUMBER FROM TO
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS FROM TO

Clearly state your reason for requesting this interview.
You will be called in for interview in the near future if the matter cannot be handled by correspondence.

Pursuant to: See, California Code of Regulations (CCR) Title 15 section 3138.(h)(1), Please copy my legal documents, needed to respond to Court deadlines, due to librarian: Tomlinson, refusing to copy my legal documents, while approved (PLU) as reprisal to my complaints filed. Please respond below Per § 3086.(F)(4), IF you cannot comply. Thank you.

Do NOT write below this line. If more space is required, write on back.	
INTERVIEWED BY LT MEREDITH	DATE 8/6/20
DISPOSITION Per our conversations, legal copies are made via Law Library & you need to address delays via the Library Chain of Command. Due to the Covid-19 program modifications & staff shortages the library has limited functions	

Correctional Counselor III

STATE OF CALIFORNIA
GA-22 (Rev 2013-10)

DEPARTMENT OF CORRECTIONS & REHABILITATION

INMATE REQUEST FOR INTERVIEW

DATE 7/16/2020	TO Correctional Counselor III	FROM (LAST NAME) Saddozai	CDCR NUMBER AY1540
HOUSING A-3	BED NUMBER 121	WORK ASSIGNMENT	JOB NUMBER FROM TO
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS FROM TO

Clearly state your reason for requesting this interview.
You will be called in for interview in the near future if the matter cannot be handled by correspondence.

Please assist me in making legal copies in order to respond to court order(s). 1) Facility Law Library no longer operates. 2) Inmate requests I submitted requesting copying services are ignored. 3) CDCR-602-Appeal on issue is ignored. 4) Per Policy CCR Title 15 section 3138(h)1, staff must provide copies. Please assist.

INTERVIEWED BY J. Rocha	DATE 7/20/20
DISPOSITION I spoke to subject regarding issues of concern	

CCI - Rocha - Bld - A-3

STATE OF CALIFORNIA
GA-22 (Rev 2013-10)

DEPARTMENT OF CORRECTIONS & REHABILITATION

INMATE REQUEST FOR INTERVIEW

DATE 7/14/20	TO CCI Rocha / counselor	FROM (LAST NAME) S. Saddozai	CDCR NUMBER AY1540
HOUSING A-3	BED NUMBER 121 L	WORK ASSIGNMENT	JOB NUMBER FROM TO
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS FROM TO

Clearly state your reason for requesting this interview.
You will be called in for interview in the near future if the matter cannot be handled by correspondence.

Attn: CCI - Rocha Bld A-3 / Please assist me in receiving law library access or opportunity to make legal copies needed to respond to court cases & litigation, due to my multiple inmate requests submitted to Law Library have repeatedly went unanswered and unresolved without reason over multiple weeks.

INTERVIEWED BY D. Rocha	DATE 7/20/20
DISPOSITION (Duplicate)	

Duplicate

STATE OF CALIFORNIA
GA-0022 (Rev 2013-10)

DEPARTMENT OF CORRECTIONS & REHABILITATION

INMATE REQUEST FOR INTERVIEW

DATE 6-29-20	TO A-Yard (SUSP) Law library	FROM (LAST NAME) S. Saddozai	CDCR NUMBER AY1540
HOUSING A-3	BED NUMBER 121L	WORK ASSIGNMENT —	JOB NUMBER FROM — TO —
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.) —			ASSIGNMENT HOURS FROM — TO —

Clearly state your reason for requesting this interview.
You will be called in for interview in the near future if the matter cannot be handled by correspondence.

Attn: A-Yard Facility law library - Please provide me law library service needed to photo-copy confidential legal documents to prosecute my active court deadlines. Please provide 7 legal manila envelopes and 5 regular legal stamped envelopes. See, Attached - CDC-193 - Trust account withdrawn.

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY M. Dyan	DATE 7/10
DISPOSITION Only 5 were available.	

Call on this line

EDU. D. Farmer

State of California
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

Department of Corrections

DATE 7/24/20	TO Edu. D. Farmer	FROM (LAST NAME) Saddozai S	CDCR NUMBER AY1540
HOUSING A3	BED NUMBER 121	WORK ASSIGNMENT	ASSIGNMENT HOURS FROM — TO —

Clearly state your reason for requesting this interview.
You will be called in for interview in the near future if the matter cannot be handled by correspondence.

Attn: D. Farmer / A-Yard Facility law library fails to operate, nor provides paging services, nor provides me P.L.V. access upon proof of established court deadlines / litigation and appeals. I need meaningful access to Law library.

Do NOT write below this line. If more space is required write on the back.

INTERVIEWED BY D. Farmer	DATE 7-29-20
DISPOSITION Library records show you had access on 7-21-20, 7-27-20 and 7-28-20.	

State of California
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

Department of Corrections

DATE	TO SVSP-A-YARD-Library	FROM (LAST NAME) Saddozai, S.	CDC NUMBER AY1590
HOUSING A-3	BED NUMBER 121L	WORK ASSIGNMENT	ASSIGNMENT HOURS FROM TO

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence

Attn: SVSP-A-Yard-Law Library - Please provide me appointment time to make copies outside the window. I do not need inside access. Thank you.

Do NOT write below this line. If more space is required write on the back.

INTERVIEWED BY M. Ryan	DATE 7/1/20
DISPOSITION	

Currently per PSR only PIU has access. When yard is up come to window for copies

Duplicate

STATE OF CALIFORNIA
GA-0022 (Rev 2013-10)

DEPARTMENT OF CORRECTIONS & REHABILITATION

INMATE REQUEST FOR INTERVIEW

DATE 6-29-20	TO SVSP-Litigation Coordinator	FROM (LAST NAME) S. Saddozai	CDCR NUMBER AY1590
HOUSING A-YARD A-3	BED NUMBER 121L	WORK ASSIGNMENT	JOB NUMBER FROM TO
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)			ASSIGNMENT HOURS FROM TO

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

Attn: SVSP-Litigation Coordinator. Please assist me in receiving law library services and resources needed to prosecute my active court deadlines and litigations. Thank you for your prompt attention and response.

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY V. Ryan	DATE 7/1/20
DISPOSITION You can write directly to the law library.	

(Duplicate)



**ROSEN BIEN
GALVAN & GRUNFELD LLP**

P.O. Box 390
San Francisco, California 94104-0390
T: (415) 433-6830 • F: (415) 433-7104
www.rbgg.com

July 21, 2020

VIA U.S. MAIL

CONFIDENTIAL – LEGAL MAIL

Shikeb Saddozai, AY1590
Salinas Valley State Prison
P.O. Box 1050
Soledad, CA 93960-1050

Re: *Coleman v. Newsom*
Our File No. 0489-03

Dear Mr. Saddozai:

This is in response to your letters dated June 2 and postmarked June 16, June 9, and June 19, which we received on June 17, June 19, June 22, and June 24, 2020, respectively. This is also in response to your letter dated May 28, which we received on July 8, 2020 from the Prison Law Office, and to your June 17 and July 1, 2020 telephone calls with our office. Please accept my apologies for the delay in responding to you.

Thank for you participating in those calls with our office and for providing a declaration. As you may know, we continue to monitor conditions at Corcoran and the information and your declaration are helpful to our efforts.

In your letters dated June 2 and postmarked June 16, June 9 and June 19, you provided original 602s, filed about Corcoran. Thank you for sending these. They also help us to monitor and understand conditions at Corcoran.

Some of the 602s that you sent with your letter postmarked June 9 were about property. Since your transfer to SVSP, have you received all of your property?

During your July 1 telephone call, you mentioned that you were having difficulty accessing law library. Since then, have you been able to access the law library? If not, have you filed any 602s? Do you know if access to law library has been impacted by COVID-19?

State of California

Department of Corrections and Rehabilitation

Memorandum

Date: May 19, 2020

To: LIBRARY STAFF

Subject: LIBRARY MODIFIED WORK SCHEDULE

Education Administrators at Salinas Valley State Prison consistently monitor the needs of the inmate population in regard to Institutional events, staff availability, and patron needs, and make adjustments to library programming scheduling as needed. To this end, the modified work schedule for library staff has been adjusted due to the demands for services in all libraries as follows:

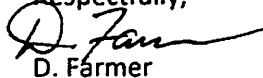
NAME	FACILITY	WEEKDAY
Ayon	A-Yard	Monday, Tues., Thur.
Ayon	M-Yard	Wednesday, Friday
Tomlinson	PIP	Monday
Tomlinson	B-Yard	Tues., Wed., Thursday
Tomlinson	Z-9	Friday
Tapia	DDP Orientations	Complex 1: Wednesday Complex 2: Thursday
Miranda	C-Yard	Monday, Wednesday
Miranda	D-Yard	Tuesday, Thursday
Miranda	D-1 STRH	Friday

All Libraries will run three sessions each day for PLU/GLU in accordance with the Daily PSR as follows: Session 1: 0830 – 1030; Session 2: 1100 – 1300; Session 3: 1330 – 1530.

Social Distancing is in effect, which means no more than three patrons and one clerk in each Library at a time.

It is imperative that all Library Staff report to the Custody Staff on each yard when you arrive to confirm programming. Please notify the Principal if you are late or will be absent per departmental procedure.

Respectfully,



D. Farmer

Supervisor of Academic Instruction
Rio Salinas Adult School
Salinas Valley State Prison

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
PRIORITY LIBRARY USER (PLU) REQUEST AND DECLARATION
CDCR 2171 (9/6/09)

PRIORITY LIBRARY USER (PLU) REQUEST AND DECLARATION

Date of Request: 06 / 08 / 2020

Shikeb Saddozai

AY1590

Inmate's Full Name (Print Legibly)

CDCR #

Complete Inmate Housing Assignment Information:

Salinas Valley State Prison/A2-130L/P.O. Box 1050, Soledad, C.A. 93950

Complete sections A through D below to describe your established court deadline and certify your eligibility for Priority Legal User (PLU) status.

A. My established court deadline is based on (check one and provide information):

☒ A court imposed deadline for an active case (ATTACH COURT DOCUMENT SHOWING THE DEADLINE)

Specify court (e.g., Kern County Superior Court, USDC, Eastern Dist. Court)

Specify case number: 1:20cv00358; 1:19cv01611;

OR Northern Dist. 18cv04511; 18cv04047; 18cv04492; 18cv05556; also

A statutory deadline. Central Dist. 5:19cv-1994

Identify the statute or court rule that compels the deadline: ACTIVE

Inmate Appeals: CSP-C-2-20-01111; ISP-1-19-01384

B. My deadline pertains to a(n) (check one and provide information if needed):

☒ Writ of habeas corpus

☒ State or Federal action concerning prison conditions

☒ Appeal of criminal conviction

☐ Petition for certiorari concerning criminal conviction

☒ Other legal action (specify) Ninth Circuit Court Appeals (18-07337);

Court of Appeals 1st Appellate Dist. A154894;

C. The day of my established court deadline is / / Currently Active.

(MM) (DD) (YY)

D. Inmate's self certification of eligibility. (Check all that apply. Sign and date below):

☐ I am not represented by an attorney.

☒ I am working on, and will only work on, my individual case.

I certify that all of the above information is true and correct. I understand that my application for PLU status, or the granting of my PLU status, will be revoked for falsifying information on this request, and that I will be guilty of an administrative rule violation.

without prejudice
Shikeb Saddozai

AY1590

06 / 08 / 2020

Inmate's Signature

CDCR #

Date

PLEASE PROVIDE COPY WITH RESPONSE.

CDCR Staff Use Only

PLU status is GRANTED

Priority Legal User (PLU) status begins on / /

Priority Legal User (PLU) status ends on / /

PLU status is DENIED for the following reason(s):

Unable to process application
without documentation. Denied

Reviewing Staff Certification:

I have reviewed this request and before granting this request I have verified that the requesting inmate has a valid court deadline that has been established by a Court, Statute, or Rules of Court.

D. Lo
Reviewing Staff Name (Print) Staff Signature

6/15/20
Date

Copy Distribution: 1 C-File 2 Inmate 3 Library 4 Litigation 5 Facility 6 Captive 7 Designer

EXHIBIT C



ROSEN BIEN
GALVAN & GRUNFELD LLP

T: (415) 433-6830 • F: (415) 433-7104

www.rbgg.com

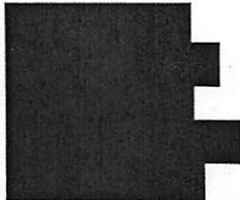
Jessica Winter

Email: [REDACTED]

May 20, 2020

VIA ELECTRONIC MAIL ONLY

PRIVILEGED AND
CONFIDENTIAL
SUBJECT TO
PROTECTIVE ORDERS



CDCR Office of Legal Affairs



Re: *Armstrong v. Newsom*; *Coleman v. Newsom*: Concerns Regarding
Retaliation Against Class Member Shikeb Saddozai, AY1590
Our File Nos. 0581-03; 0489-03

Dear Counsel:

I write on behalf of *Coleman* class member Shikeb Saddozai, AY1590. Mr. Saddozai is currently at the EOP level of care at California State Prison–Corcoran. We are extremely concerned because it appears that Mr. Saddozai has been retaliated against as a result of his legal work, including his communication with and efforts to assist Plaintiffs’ counsel. Please ensure that Mr. Saddozai is shielded from any and all retaliation for his engagement in protected legal activities. We also request that the recommendation to discharge him from EOP to CCCMS care be rescinded immediately, and that the clinician who made this recommendation be counseled about making decisions that appear to be based in part on a patient’s “stress with legal work and appointments” rather than on clinical factors. That a patient is actively assisting his attorneys and conducting his own legal work does not mean he does not need EOP-level care.

PRIVILEGED AND CONFIDENTIAL

May 20, 2020

Page 2

On Friday, May 8, 2020,¹ Mr. Saddozai attended his “weekly scheduled PC contact” with his mental health clinician. *See Exhibit A*, 05-12-20 MHPC Progress Note. Mr. Saddozai’s clinician noted at the May 8 clinical contact that “IP will be retained in current level of care, but recommendation to following institution to assess level of care needs to transfer IP to lower level of care.” *Id.*

On Monday, May 11, 2020, our office conducted a confidential call with Mr. Saddozai at Corcoran.

On Wednesday, May 13, 2020—five days after his last clinical contact, and two days after our telephone call with him—Mr. Saddozai again met with his clinician. The documentation for this contact was also labeled a “weekly scheduled PC contact.” *See Exhibit B*, 05-13-20 MHPC Progress Note at 1. In this note, the clinician wrote that Mr. Saddozai should be discharged to the CCCMS level of care at an IDTT meeting newly scheduled for May 20, 2020. *Id.*

These notes detail a sudden reversal of the clinician’s determination of Mr. Saddozai’s proper level of care. To justify the level of care change, the note includes several references to Mr. Saddozai’s legal work. For example, the clinician indicates that Mr. Saddozai reported “sleep disturbance due to stress with legal matters and appointments.” *Id.* The “collateral” field for the May 8 note states “no reported conflicts with staff or peers.” *Exhibit A*. The same field for the May 13 note adds to this statement: “custody reported that he is up late at night in cell doing legal paperwork.” *Exhibit B* at 1. Indeed, Mr. Saddozai reported that his clinician spoke with a sergeant after his call with our office and before the recommendation to drop his level of care, and the sergeant told his clinician about his call with staff from our office.²

The clinician also cites Mr. Saddozai’s lack of compliance with mental health treatment, but obliquely relates this to his legal activity:

IP stated that he has missed group due to his many appointments outside of EOP ML [treatment] IP was considered for retention in EOP ML after last 1x1 PC contact, where he had reported he was attending groups, but after recent positive indicator list was reviewed, IP is not attending [treatment]

¹ Although the documentation for this clinical contact was entered on May 12, an addendum to the document states that the contact occurred on May 8, 2020.

² When a paralegal from our office answered Mr. Saddozai’s call from Corcoran, the custody officer who initiated the call asked whether the call was with an attorney.

PRIVILEGED AND CONFIDENTIAL

May 20, 2020

Page 3

groups, but appears to have issues outside of [treatment] that are demanding his attention. IP stated that he was not able to take psych meds because they prevented him from doing tasks in the evening, and did not expand on what those tasks are. There are not required [treatment] tasks in PM in EOP ML.

Exhibit B at 1. Mr. Saddozai believes the discussion between the sergeant and his clinician precipitated the unusual second PC contact, shortly after the preceding contact, and the complete reversal regarding his level of care needs in that five-day timeframe. The clinician's note confirms reliance on custodial input regarding Mr. Saddozai's legal work in the sudden decision to drop Mr. Saddozai's level of care.

Even crediting the clinician's secondary justification for the level of care change, lack of compliance with mental health treatment is not adequate justification to reduce a *Coleman* class member's level of care; treatment non-compliance can be an indicator of need for a *higher* level of mental health care. The Program Guide states that a discharge from the EOP level of care should occur only if the patient "[i]s able to function in a [general population] setting with CCCMS support." Program Guide, 12-4-16. Mr. Saddozai's clinician did not mention in the May 13 note whether Mr. Saddozai could function in the general population. Exhibit B at 1.

Because of the poor justification for a discharge to CCCMS, the disturbing timing of the two clinical contacts and the call with our office, and the abrupt change in Mr. Saddozai's clinician's perspective on his need for EOP-level care, we request that Defendants review the propriety of his discharge to CCCMS. Because the clinician's supervisor participated in the May 13 primary clinical contact, we also request that the decision be reviewed at the regional or headquarters level, rather than by an on-site supervisor.

More alarmingly, Mr. Saddozai's clinician directly and indirectly cited his engagement with his legal work—including, apparently, his call with our office—as the primary reason to drop his level of care. Accordingly, we ask that Defendants take all reasonable steps to protect Mr. Saddozai from any further retaliation. We view the clinician's actions, informed by custodial staff, as very possibly retaliatory and a poorly disguised attempt to punish Mr. Saddozai for exercising his legal rights. Plaintiffs' counsel has specifically requested that Defendants protect class members from retaliation relating to their contacts with our office, most recently in Gay C. Grunfeld's January 14 and May 7, 2020 letters. And the *Armstrong* court has approved the parties' anti-retaliation stipulation concerning class members' involvement in Plaintiffs' Motion to Stop Defendants from Assaulting, Abusing, and Retaliating Against Class Members at R.J. Donovan Correctional Facility ("Motion"). See Stipulation and Order Prohibiting

PRIVILEGED AND CONFIDENTIAL

May 20, 2020

Page 4

Retaliation, *Armstrong v. Newsom*, N.D. Cal. Case No. 94-cv-02307-CW, ECF No. 2931 (Mar. 17, 2020). The Stipulation and Order protects not only *Armstrong* class members, but also “other incarcerated people who participate[] in the Motion.” *Id.* at 2. What appears to be blatant retaliation for Mr. Saddozai’s participation in efforts related to the Motion is unacceptable.

Please make sure Mr. Saddozai is safe and receiving the level of mental health care he needs. Please also investigate these issues using staff from outside the prison and let us know the results of the investigation within 14 days.

Sincerely,

ROSEN BIEN
GALVAN & GRUNFELD LLP

/s/ Jessica Winter

By: Jessica Winter

JW: cmj

Enclosures: Exhibits A-B

cc:

[REDACTED]

CIM - California Institution for MenPatient: **SADDOZAI, SHIKEB**

DOB/Age/Sex: 4/21/1977 / 42 years / Male

CDCR: AY1590

Mental Health IDTT MPage Forms**MH MTP Visiting Restrictions :** No**MH Restriction Justification :** Patient is ASU status.

MH Lower Rationale : Patient shall be retained in MHCB due to recent reports of suicidal ideation. Patient does not appear to require placement at a higher LOC at this time as he has already demonstrated significant improvement in his mood since his placement in the MHCB. Patient shall be deemed appropriate for a lower LOC (CCCMS) when he has completed a safety plan and demonstrates improvements in sleep and interest in pleasurable activities; treatment team shall also monitor his adjustment to his new medication regiment.

Churchwell, Jason Psychologist - 11/14/2019 10:34 PST

Collateral Information**Input from other CDCR disciplines :** RN: Discussed inhaler.

CCI: Clinician shall email SGT concerning law library access. Patient is NDS status and allowed a phone call on Saturday.

Churchwell, Jason Psychologist - 11/14/2019 11:47 PST

Clinical Summary & Case Formulation

Clinical Summary : Patient is a 42-year old ME male who reported that he was experiencing depression due to safety concerns, which resulted in issues with custody staff. As a result of depression, patient reports decreased sleep, lack of interest in activities, and feelings of hopelessness; he denied suicidal ideation. Nursing staff reports that patient complained of depression and increased anxiety due to staff issues. Clinical staff reports that patient reported suicidal ideation, including 5x the day that he was admitted. Patient was previously GP/non-MHSDS but was CCCMS in 2018 for about 3 weeks and found it beneficial to talk to someone; he recently asked to be placed at CCCMS again. Patient denies a history of drug use. Patient was recently placed in ASU for safety concerns. Patient has no history of SA or SIB. Patient does not meet the criteria for PC2602 and has agreed to start a medication regiment (Vistaril). Patient shall be retained in MHCB due to recent reports of suicidal ideation. Patient does not appear to require placement at a higher LOC at this time as he has already demonstrated significant improvement in his mood since his placement in the MHCB. Patient shall be deemed appropriate for a lower LOC (CCCMS) when he has completed a safety plan and demonstrates improvements in sleep and interest in pleasurable activities; treatment team shall also monitor his adjustment to his new medication regiment.

Predisposing Factors : Juvenile criminal history**Perpetuating Factors :** Incarceration issues**Precipitating Factors :** Staff issues, safety concerns, legal issues**Protective Factors :** Family support, self-efficacy, coping skills, future oriented

Case Formulation : Patient appears to generally function without mental health issues, but has had issues related to his incarceration, including feeling that he was unjustly imprisoned and then having difficulty with other inmates. Patient may benefit from therapy focused on processing his feelings and emotions and/or a medication regiment to reduce anxiety/depression.

Churchwell, Jason Psychologist - 11/14/2019 10:34 PST

Goal Setting with Patient**Contributed to goals and plan :** Yes**Aware of plan content :** Yes**Present at team meeting :** Yes**Refused to participate :** No**Unable to participate :** No

Inmate-patient's comments : Patient was agreeable with treatment plan. Complained of cold temperature; MHMD shall inquire about wool blanket.

Churchwell, Jason Psychologist - 11/14/2019 11:47 PST

IPOC Indicator MH MTP**MH Master Treatment Plan :** Done

Report Request ID: 25487943

Print Date/Time: 1/9/2020 09:57 PST

WARNING: This report contains confidential, proprietary, and/or legally privileged information intended for the recipient only.

COR - California State Prison, Corcoran

Patient: **SADDOZAI, SHIKEB**

DOB/Age/Sex: 4/21/1977 / 42 years / Male

CDCR: AY1590

Assessment Forms

	Borbolla, Olivia RN - 12/9/2019 9:17 PST	Borbolla, Olivia RN - 12/9/2019 9:17 PST	Borbolla, Olivia RN - 12/9/2019 9:17 PST
--	--	--	--

7362 Identifier (1) : 137.252.9.70.201912050617510870746884848

7362 Date Written (1) : 12/5/2019 PST

7362 Date/ Time Received (1) : 12/6/2019 07:00 PST

Date and Time Triaged : 12/6/2019 07:00 PST

7362 Identifier (2) : 137.252.9.47.201912010916395279016736278

7362 Date Written (2) : 12/5/2019 PST

7362 Date/ Time Received (2) : 12/7/2019 08:31 PST

7362 Date/ Time Triaged (2) : 12/7/2019 08:31 PST

7362 Order Details Template : 7362 Orders

7362 RN Initial Visit (Symptomatic) - Completed

-- 12/02/19 11:10:00 PST, 1 business day, 137.252.9.71.201912010217194162213392904#1.00, 12/03/19 23:59:00 PST,
 Stating he has valley fever, pain on back, neck and bruising on arm and thigh due to slip and fall

7362 RN Initial Visit (Symptomatic) - Completed

-- 12/04/19 12:30:00 PST, 1 business day, 137.252.9.72.201912020317003136122876711#1.00, 12/04/19 23:59:00 PST,
 Having hearing, vision and mobility issues requesting medical, and has skin rash/infection on lower back/buttocks also
 requesting cotton blank...

7362 RN Initial Visit (Symptomatic) - Ordered

-- 12/09/19 10:30:00 PST, 1 business day, 137.252.9.70.201912050617510870746884848#1.00, 12/09/19 23:59:00 PST,
 Requesting meds RN/Dr visit, symptoms worsen. I am also experiencing flu like symptoms and pains on my left side hip as I
 walk.

7362 Asymptomatic : No

Borbolla, Olivia RN - 12/9/2019 9:17 PST

Vitals/Ht/Wt

Temperature Temporal : 36.8 DegC(Converted to: 98.2 DegF)

Peripheral Pulse Rate : 80 bpm

Respiratory Rate : 16 br/min

SpO2 : 99 %

Systolic/Diastolic BP : 142 mmHg (HI)

Systolic/Diastolic BP : 88 mmHg

Mean Arterial Pressure, Cuff : 106 mmHg

SpO2 Location : Left hand

O2 Therapy : Room air

Pain Present : Yes actual or suspected pain

Weight Dosing : 90.26 kg(Converted to: 199 lb 0 oz, 198.989 lb)

Height/Length Dosing : 180.34 cm(Converted to: 5 ft 11 in, 5.92 ft, 71.00 in)

Weight Measured : 90.26 kg(Converted to: 199 lb 0 oz, 198.989 lb)

Height/Length Measured : 180.34 cm(Converted to: 5 ft 11 in, 5.92 ft, 71.00 in)

Body Mass Index Measured : 27.75 kg/m2

Borbolla, Olivia RN - 12/9/2019 9:17 PST

 Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Report Request ID: 25121509

Print Date/Time: 12/23/2019 11:42 PST

WARNING: This report contains confidential, proprietary, and/or legally privileged
 information intended for the recipient only.

EXHIBIT D



San Mateo Medical Center
A County System of Healthcare

SADOZA, SHIKEB

39 Y old Male, DOB: 04/21/1977

Account Number: 1241324

300 BRADFORD ST, MAGUIRRE CORRECTIONAL,
REDWOOD CITY, CA-94063

Home: 650-599-7340

Guarantor: MAGUIRE CORRECTIONS FAC, JAIL Payer
ID: 0

External Visit ID: 203236914

Appointment Facility: Plastic Surgery Clinic

12/02/2016

Kenton Dodyan Fong, MD

Current Medications

None

Past Medical History

Jail

Surgical History

None

Family History

Mother: alive

Social History

Smoking Smoking Status Last Updated:
12/02/2016, Do you Smoke: No.

Allergies

N.K.D.A.

Hospitalization/Major

Diagnostic Procedure

No Hospitalization History.

Reason for Appointment

1. f/u. Pt had EMG done. Pt is here for R ulnar nerve palsy. Pt denies pain at this time. MSA II Avidrio

History of Present Illness

*Provider note::

Pt was rejected from Stanford hand due to status as Jail Pt per note in July. Pt says he has had little improvement in hand function since his last visit.

Vital Signs

Pain scale 0/10.

Examination

General:

Numbness still on dorsum of hand. Still loss of RF and SF extension, IF and MF normal extension. Also loss of sensation in Ulnar dist with SF and RF. However, intrinsic function present.

Assessments

1. Radial neuropathy - G56.30 (Primary)
2. Ulnar neuropathy - G56.20

Treatment

1. Radial neuropathy

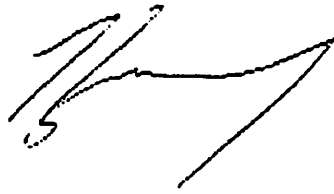
Notes: EMG shows partial ulnar and partial radial nerve loss of function. Strang pattern that is c/w blast injury and partial radial nerve injury. Now close to 1 year post injury with limited return of function. I was hoping to get Stanford hand opinion to help with management of this patient. I would still recommend getting them involved. He most likely at this point would benefit from tendon transfers to replace SF and RF extension. Again, I would refer to stanford for this procedure as I do not perform.

Preventive Medicine

pt id verified 2x.

Follow Up

6 Weeks



Electronically signed by Kenton Dodyan Fong MD on
12/02/2016 at 03:43 PM PST

Sign off status: Completed

Plastic Surgery Clinic
222 West 39th Ave
San Mateo, CA 94403
Tel: 650-573-3982
Fax: 650-298-6896

Patient: SADOZA, SHIKEB DOB: 04/21/1977 Progress Note: Kenton Dodyan Fong, MD 12/02/2016

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Lay-In - Text

SADDOZAI, SHIKEB - AY1590

Lay-In Entered On: 1/14/2020 12:07 PST
Performed On: 1/14/2020 12:05 PST by Pearce, John P&S

Patient Encounter Information

ENCTR Information : Encounter Info: Patient Name: SHIKEB SADDOZAI, DOB: 04/21/1977,, FIN: 10000001011927570AY1590, Facility: COR, Encounter Type: Institutional Encounter

Pearce, John P&S - 1/14/2020 12:05 PST

Lay-In

Injured at Work : No

Work Status : Other: document restrictions

Restricted Work Start Date : 1/14/2020 PST

Pearce, John P&S - 1/14/2020 12:05 PST

Work Restrictions Grid

Firm Grasping : Not at all

(Comment right hand [Pearce, John P&S - 1/14/2020 12:05 PST])

Keyboarding : Not at all

(Comment right hand [Pearce, John P&S - 1/14/2020 12:05 PST])

Lifting : Not at all

(Comment no lifting/carrying with Right arm/hand [Pearce, John P&S - 1/14/2020 12:05 PST])

Repetitive Hand or Wrist Motions : Rarely

(Comment right hand [Pearce, John P&S - 1/14/2020 12:05 PST])

Pearce, John P&S - 1/14/2020 12:05 PST

Work Status Comment : further evaluation of I/Ps limitations currently being ordered.

Pearce, John P&S - 1/14/2020 12:05 PST

Result type:	Lay-In - Text
Result date:	January 14, 2020 12:05 PST
Result status:	Auth (Verified)
Result title:	Lay-In
Performed by:	Pearce, John P&S on January 14, 2020 12:05 PST
Verified by:	Pearce, John P&S on January 14, 2020 12:05 PST

Printed by: Pearce, John P&S
Printed on: 1/14/2020 12:07 PST

California Correctional Health Care Services

Patient Discharge Instructions

Name: SADDOZAI, SHIKEB Current Date: 01/15/20 14:12:00

DOB: 04/21/77 CDCR: AY1590

Reason For Visit: 1:Weakness of right hand; 2:Difficulty hearing; 3:Impacted cerumen in right ear; 4:Poor vision; 5:Asthma; 6:Adjustment disorders, With mixed anxiety and depressed mood; 7:Impaired physical mobility; Pain

Recommendations and arrangements for future care

Devices/Equipment:

Provider Comment:

MEDICATIONS:

During the course of your visit your medication list was updated with the most current information.

Start Taking These Medications:

ibuprofen 200 mg Tab NP (ibuprofen NURSE OTC PROTOCOL)

- *For Pain:* Take 2 tab (Total Dose = 400 mg), by mouth every 4 hours on your own as needed for pain
- Start Date: January 15, 2020
- Take for: 3 day(s)

Comments: If mild to moderate muscle pain or cramps, without weakness or fever. Not to exceed 6 doses in 24 hours. Best taken with food.

mometasone 100 mcg/inh Aerosol 120 puffs (mometasone 100 mcg/inh inhalation aerosol)

- *For Asthma:* Take 2 puff (Total Dose = 200 mcg), Inhalation twice a day on your own
- Start Date: January 14, 2020
- Take for: 180 day(s)

Comments: Rinse mouth after use.

Continue taking these Medications:

benzocaine-menthol 15 mg-3.6 mg Lozenge (Cepacol Sore Throat Pain Relief Cherry 15 mg-3.6 mg mucous membrane lozenge)

- *For Sore throat:* Take 1 lozenge, by mouth every 2 hours while awake on your own as needed for sore throat
- Start Date: January 09, 2020
- Take for: 7 day(s)

levalbuterol 45 mcg/puff Aerosol 15 gm (Xopenex HFA 45 mcg/inh inhalation aerosol)

• *For Asthma:* Take 1 puff (Total Dose = 45 mcg), by mouth 6 times a day on your own as needed for shortness of breath or wheezing

• Start Date: November 23, 2019

• Take for: 30 day(s)

*Comments: Asthma rescue inhaler – Not for daily use. Inhale 1 puffs by mouth 6 times a day as needed for shortness of breath/wheezing. Talk to provider if using more than twice weekly. Inhaler should last at least 90 days **Request Refill** "1 for 1 exchange"*

mometasone 100 mcg/inh Aerosol 120 puffs (mometasone 100 mcg/inh inhalation aerosol)

• *For Asthma:* Take 1 puff (Total Dose = 100 mcg), by mouth once a day on your own

• Start Date: November 22, 2019

• Take for: 180 day(s)

Comments: Rinse mouth after use.

SADDOZAI, SHIKEB has been given the following list of follow-up instructions, prescriptions, and patient education materials:

Follow-up Appointments**7362 Medical Routine Follow Up 20**

12/16/19 14:40:00 PST, *14 days, 12/23/19 23:59:00 PST, 137.252.9.70.201912050617510870746884848, back, neck and hip pain, hair loss on arms

7362 RN Initial Visit (Symptomatic)

12/13/19 12:30:00 PST, 1 business day, 170.71.227.35.201912051317032424528064508#1.00, 12/16/19 23:59:00 PST, I have severe pains in my foot causing me to limp. Discomfort preventing me from sleeping. Continue having pain in my hip, back and neck th...

Interfacility Transfer Medical Eval 40 (Medium/Low Risk) PCP (w/in 30 days)

12/16/19 15:00:00 PST, 12/20/19 23:59:00 PST, New arrival on 11-21-19. MHCB discharge from CIM with Hx of asthma; 7362: claims vision, hearing and mobility impairments

Chronos

State of California

Department of Corrections and Rehabilitation

MEDICAL CLASSIFICATION CHRONO

CDCR 128-C3 (REV. 10/13)

** This is the historical chrono**

Page 1 of 2

Inmate

<input checked="" type="radio"/> Permanent	<input type="radio"/> Temporary	<input type="checkbox"/> Expires on:	<input type="checkbox"/> Expiration Unspecified, Review in 6 Months
--	---------------------------------	--------------------------------------	---

Level of Care Based on Patient Need		Classification Factors	
OP <input checked="" type="radio"/>	Acute Rehab <input type="radio"/>	Temp. Medical Hold* <input type="checkbox"/>	Long Term Stay <input type="checkbox"/>
SOP <input type="radio"/>	Hospice <input type="radio"/>	Temp. Medical Isolation* <input type="checkbox"/>	Override** <input type="checkbox"/>
OHU <input type="radio"/>	SNF <input type="radio"/>		
CTC <input type="radio"/>	GACH/Outside Hospital <input type="radio"/>		

Intensity of Services

Proximity to Consult	Functional Capacity	Medical Risk	Nursing Care Acuity
No Particular Need <input type="radio"/>	Vigorous Activity <input type="radio"/>	Low Risk <input type="radio"/>	Basic Nursing <input checked="" type="radio"/>
Infreq. Basic Consultation <input checked="" type="radio"/>	Full Duty <input type="radio"/>	Medium Risk <input checked="" type="radio"/>	Uncomplicated Nursing <input type="radio"/>
Freq. Basic Consultation <input type="radio"/>	Limited Duty* <input checked="" type="radio"/>	High Risk <input type="radio"/>	Low-Intensity Nursing <input type="radio"/>
Tertiary Consultations* <input type="radio"/>	Totally Disabled* <input type="radio"/>		Medium-Intensity Nursing <input type="radio"/>
Community Placement* <input type="radio"/>			High-Intensity Nursing <input type="radio"/>
			Special Nursing <input type="radio"/>

Specialized Services

Clinical Category 1 <input type="checkbox"/>	Therapeutic Diet** <input type="checkbox"/>
Clinical Category 2 <input type="checkbox"/>	Respiratory Isolation <input type="checkbox"/>
Pregnancy Program <input type="checkbox"/>	Speech/Occ. Therapy <input type="checkbox"/>
Transplant Center <input type="checkbox"/>	Physical Therapy <input type="checkbox"/>
Hemodialysis <input type="checkbox"/>	Durable Med. Equip.* <input type="checkbox"/>
Dementia <input type="checkbox"/>	Transgender <input type="checkbox"/>
ASAM: N/A	MAT: N/A

Institutional-Environmental

Restricted-Altitude* <input type="checkbox"/>	Req. Electrical Access** <input type="checkbox"/>
Restricted-Cocci Area 1 <input type="checkbox"/>	Req. Adaptive Equip.* <input type="checkbox"/>
Restricted-Cocci Area 2 <input checked="" type="checkbox"/>	Req. Medical Transport* <input type="checkbox"/>
Restricted-No Stairs** <input type="checkbox"/>	See CDCR 1845 and 7410** <input type="checkbox"/>

Comments (all * items)
(non-confidential)

Created by system to synchronize the cocci area restrictions and/or risk classification between QM registry and eMCC
No lifting with Right arm/hand

(medically-confidential)

Completed by (Print Name:)Majid Saravi

Signature: DIGITALLY AUTHENTICATED

Title: Physician & Surgeon

Date: 6/30/2020

Institution: HCSSVSP-Salinas Valley State Prison-10002223

CDCR: AY1590

Last Name: SADDOLAI

First Name: SHIKIB

MI:

DOB: 4/21/1977

* Include details in Comments

* Include detail in CDCR 1845 or CDCR 7410 as appropriate

** Regional Medical Executives Only. State Factors overridden in Comments

Text Results Report

SMMC Acute Medical
222 West 39th Avenue

Pt Name: SADOZA, SHIKEB MRN: 1241324
DOB: 04/21/1977 Age/Sex: 40Y/M

All Results: Transcribed Reports

Plastic Surgery

Result Status: Final Result

Result Date: 12/02/2016 15:30

Result continued from previous page

ALLERGIES

N.K.D.A.

SURGICAL HISTORY

None

FAMILY HISTORY

Mother: alive

SOCIAL HISTORY

SmokingSmoking Status Last Updated:12/02/2016 , Do you

Smoke:No.

HOSPITALIZATION/MAJOR DIAGNOSTIC PROCEDURE

No Hospitalization History.

VITAL SIGNS

Pain scale 0/10.

EXAMINATION

General: Numbness still on dorsum of hand. Still

loss of RF and SF extension, IF and MF normal extension.

Also

loss of sensation in Ulnar dist with SF and RF. However,
intrinsic function present.

ASSESSMENTS

Radial neuropathy - G56.30 (Primary)

Ulnar neuropathy - G56.20

TREATMENT

Radial neuropathy

Notes: EMG shows partial ulnar and partial radial nerve loss
offunction. Strang pattern that is c/w blast injury and
partialradial nerve injury. Now close to 1 year post injury with
limitedreturn of function. I was hoping to get Stanford hand
opinion tohelp with managment of this patient. I would still recommend
getting them involved. He most likely at this point would

benefit

from tendon transfers to replace SF and RF extension. Again,

I

would refer to stanford for this procedure as I do not
perform.

Pt Name: SADOZA, SHIKEB
Rm/ Bed:

MRN: 1241324
Page 14 of 30

Text Results

ORE_S0NR_0123_v3.rpt V1.00

Printed On: 16-Oct-17 11:11

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A3-121

SHIKEB SADDOZAI
AY1590

**YOUR TEST RESULTS HAVE BEEN EVALUATED AND THE FOLLOWING HAS
BEEN DETERMINED:**

You are being scheduled for a follow-up appointment after nerve study.

Result Name	Current Result
XR FOREARM RIGHT-2 VWS	07/02/20

Saravi, Majid P&S

Sincerely,

California Correctional Health Care Services

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

HEALTH CARE SERVICES REQUEST FORM

CDCR 7362 (Rev. 03/19)

Page 2 of 2

PART I: TO BE COMPLETED BY THE PATIENT			
If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.			
REQUEST FOR:	MEDICAL <input checked="" type="checkbox"/>	MENTAL HEALTH <input type="checkbox"/>	DENTAL <input type="checkbox"/> MEDICATION REFILL <input type="checkbox"/>
NAME	Shikeb Saddozai	CDCR NUMBER	AY1540
		HOUSING	A3-121 L
PATIENT SIGNATURE	Shikeb Saddozai	DATE	6-16-20
REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe your health problem and how long you have had the problem)			
I have mobility impairment to my hand fingers with loss of sensation due to prior injuries from gun shot wound that is affecting my life activities. Please provide me medical appointment			
NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM			

7482160

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)**HEALTH CARE SERVICES REQUEST FORM**

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT*A fee of \$5.00 may be charged to your trust account for each health care visit.***If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.**REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME CDC NUMBER HOUSING

Shikar Sadiqzai

4Y1596

SVSP-A3-1.1L

PATIENT SIGNATURE

DATE

Shikar Sadiqzai

07-17-2020

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) Doctor- Saravi, Majid-P&S, Per your request on my prior medical visit, I am able to supply you with my prior medical records verifying disability to my hand and arm area requiring placement under ADA on my medical classification. Please provide me appointment. Thank you.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

EXHIBIT E



CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

CLAIMANT GRIEVANCE CLAIMS DECISION RESPONSE

Re: Grievance Claims Decision Response

Offender Name: SADDOZAI, SHIKEB

Date: 08/04/2020

CDC#: AY1590

Current Location: SVSP-Facility A

Current Area/Bed: A 003 1 - 121001L

Log #: 000000017469

Claim #: 001

Institution/Parole Region of Origin: Salinas Valley State Prison

Facility/Parole District of Origin: SVSP-Facility A

Housing Area/Parole Unit of Origin:

Category: Offender Resources

Sub-Category: Law Library

I. CLAIM

Appellant claims he was denied daily access to the Law Library from June 30, 2020 to July 14, 2020 after submitting numerous CDC-22 request forms for the following items: Copies; legal research; legal envelopes; draft paper; legal book; hole puncher; tape; stapler; etc...; Priority Library User access for court deadline of July 30, 2020.

II. RULES AND REFERENCES

A. CONTROLLING AUTHORITY

Title 15 Section 3122

B. DOCUMENTS CONSIDERED

Library Access Records

III. REASONING AND DECISION

There is no evidence of policy violations. Facility A Library is only open two days a week due to severe staff shortages. The appellant had PLU library access on July 21, 2020; July 27, 2020, and July 28, 2020 and he became disruptive and argumentative on each occasion because his copy request was denied and he had to be removed by the Education Officer per Title 15 Section 3122 (b) (7). The Law Library does not provide the following items: draft paper; legal book; hole puncher; tape; or stapler. Legal cases are available on the Law Library Electronic Delivery System (LLEDs).

Decision: Disapproved

After a thorough review of all documents and evidence presented at the Office of Grievances Level, it is the order of the Office of Grievance to DISAPPROVE the claim.

If you are dissatisfied with the decision of this claim, you may file a 602-2, appeal with the California Department of Corrections and Rehabilitation Office of Appeals.

Staff Signature	Title	Date/Time
T. Lemon [LETR002]	CDW	08/03/2020

STATE OF CALIFORNIA

APPEAL OF GRIEVANCE

CDCR 602-2 (03/20)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 2

STAFF USE ONLY

Appeal #: _____ Date Received: _____

Date Due: _____

Categories: _____

Grievance #: _____

Claimant Name: Shikeb Saddozai CDCR #: AY1590Current Housing/Parole Unit: SVSP-A3-121L Institution/Facility/Parole Region: Salinas Valley
State Prison, P.O. Box 1050, Soledad, C.A. 93960☐ There are no claims that can be appealed.☐ The following claims cannot be appealed:Claim #s: 001-DENIAL OF LAW LIBRARY ACCESS, SERVICES, RESOURCES FOR LEGALThis is the process to appeal the decision made regarding a claim that is not listed above.Claim #: 0000-0001-7469

Explain the reason for your appeal of any claims not listed above. Be as specific as you can.

I am dissatisfied with the response I was given because Grievance is not duplicate due to event described occurred on separate date which are repeated series of persistent pattern of reoccurrences. Reason in & decision made by interviewer was participant in event making decision bias, prejudice, fraudulent, nor evidence produced for disapproval of grievance. Omissions & acts stated in reasoning & decision show policy violations and confirm felony perjury on part of librarian-Tomlinson.

Are there documents that would be helpful to support your position? Attach copies of those documents, if you don't have the documents, identify them as best you can below: Appellant demands staff take polygraph test

pursuant to CCR Title 15 § 3293, to ascertain the truth and investigative report supporting interviewers decision with library log sign in sheet schedule. Due to Librarian-Tomlinson, refusing to copy appellants documentary evidence supporting complaint within appellants custody at (SVSP), has obstructed grievance process.

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR-0602 (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAS USE ONLY	Institution/Parole Region:	Log #:	Category:
			17469
FOR STAFF USE ONLY			

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations (CCR), Title 15, Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): Saddozai Shikeb	CDC Number: AY1590	Unit/Cell Number: SVSP-A3-121L	Assignment:
--	-----------------------	-----------------------------------	-------------

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

DENIAL OF LAW LIBRARY ACCESS/SERVICES/RESOURCES FOR LEGAL

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): On June-3, 2020, to present date, while in the custody of Salinas Valley State Prison (SVSP), I am repeatedly denied meaningful and daily access to law library services upon submitting numerous CDCR-22-

B. Action requested (If you need more space, use Section B of the CDCR 602-A): I request the following action(s): 1. Facility Warden, and CDCR Director be notified of inmate CDCR-602-Appeal/complaint. 2. To be provided daily law library services, access, and resources at the

Supporting Documents: Refer to CCR 3084.3.

☒ Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

CDCR-602-A

CDCR-22-Form

CDCR-2171

☐ No, I have not attached any supporting documents. Reason:

Inmate/Parolee Signature: ShikebSaddozai* Date Submitted: 07-14-2020

☐ By placing my initials in this box, I waive my right to receive an interview.

STAFF USE ONLY

RECEIVED JUL 16 2020

C. First Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☐ Yes ☐ No

This appeal has been:

☐ Bypassed at the First Level of Review. Go to Section E.

☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____

☐ Cancelled (See attached letter) Date: _____

☐ Accepted at the First Level of Review.

Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

First Level Responder: Complete a First Level response. Include Interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: _____ Interview Location: _____

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: _____ (Print Name) Title: _____ Signature: _____ Date completed: _____

Reviewer: _____ (Print Name) Title: _____ Signature: _____

Date received by AC: _____

AC Use Only

Date mailed/delivered to appellant ____ / ____ / ____

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY	Institution/Parole Region:	Log #:	Category:
FOR STAFF USE ONLY			

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
Saddozai Shikeb	AY1590	SVSP-A3-121L	

A. Continuation of CDCR 602, Section A only (Explain your Issue): inmate request forms in the month of June & July that went unanswered & unresolved, without reason for the following services: 1)PHOTO-COPYING OF CONFIDENTIAL/LEGAL DOCUMENTS. 2)CONDUCT LEGAL RESEARCH ON ELECTRONIC DATA BASE SYSTEM. 3)OBTAIN LEGAL ENVELOPES-DRAFT PAPER. 4)LEGAL BOOK CHECK-OUTS. 5)HOLE PUNCHER,TAPE,STAPLER,etc., only available at facility law library,needed to prosecute my court deadlines & litigation(s) that can be confirmed through the court electronic PACER system accessible to law library staff validating my court cases for the following(See,Attached-CDCR-22-Form),requiring immediate response,warranting Priority Legal User status,or alternatively General Legal User status.Inaddition to denial of physical access to law library I am denied Law Library Paging Services for resources which are contrary to policy pursuant to guidelines within the meaning of California Code of Regulations(CCR)Title 15 §§ 3160; 3162; 3123 3141; 3120; 3122.,and thereby preventing me from initiating and maintaining my court actions,causing me default.

Inmate/Parolee Signature: ShikebSaddozai® Date Submitted: 07-14-20

STAFF USE ONLY

B. Continuation of CDCR 602, Section B only (Action requested): Salinas Valley State Prison. 3.A declaration pursuant to California Code of Regulations Title 15 sections: 3160; 3162; 3123; 3141; 3120; 3122,that law library staff responsible did obstruct my access to the courts and restrict me from initiating and maintaining court actions and inmate appeals.

Inmate/Parolee Signature: ShikebSaddozai® Date Submitted: 07-14-2020

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
PRIORITY LIBRARY USER (PLU) REQUEST AND DECLARATION
CDCR 2171 (9/09)

PRIORITY LIBRARY USER (PLU) REQUEST AND DECLARATION

Date of Request: ____ / ____ / 2020

Shikeb Saddozai

AY1590

Inmate's Full Name (Print Legibly)

CDCR #

Complete Inmate Housing Assignment Information:

Salinas Valley State Prison/A2-130L/P.O.Box 1050, Soledad, C.A. 93960

Complete sections A through D below to describe your established court deadline and certify your eligibility for Priority Legal User (PLU) status.

A. My established court deadline is based on (check one and provide information):

A court imposed deadline for an active case (ATTACH COURT DOCUMENT SHOWING THE DEADLINE)Specify court (e.g., Kern County Superior Court): USDC, Eastern Dist. CourtSpecify case number: 1:20cv00358; 1:19cv01611;OR Northern Dist. 18cv04511; 18cv04047; 18cv04492; 18cv05558; also

A statutory deadline. Central Dist. 5:19cv-1994

Identify the statute or court rule that compels the deadline: ACTIVEInmate Appeals: CSP-C-2-20-01111; ISF-1-19-01384

E. My deadline pertains to a(n) (check one and provide information if needed):

☒ Writ of habeas corpus☒ State or Federal action concerning prison conditions☒ Appeal of criminal conviction☐ Petition for certiorari concerning criminal conviction☒ Other legal action (specify) Ninth Circuit Court Appeals (18-07337);Court of Appeals 1st Appellate Dist. A154894;C. The day of my established court deadline is: ____ / ____ / Currently Active.

(MM) (DD) (YY)

D. Inmate's self certification of eligibility. (Check all that apply. Sign and date below):

☐ I am not represented by an attorney.☒ I am working on, and will only work on, my individual case.

I certify that all of the above information is true and correct. I understand that my application for PLU status, or the granting of my PLU status, will be revoked for falsifying information on this request; and that I will be guilty of an administrative rule violation.

without prejudice

ShikebSaddozai®

AY1590

Inmate's Signature

CDCR #

Date

PLEASE PROVIDE COPY WITH RESPONSE.

CDCR Staff Use Only

PLU status is GRANTED

Priority Legal User (PLU) status begins on ____ / ____ / ____

Priority-Legal-User (PLU) status ends on ____ / ____ / ____

PLU status is DENIED for the following reason(s):

Reviewing Staff Certification:

I have reviewed this request and before granting this request I have verified that the requesting inmate has a valid court deadline that has been established by a Court, Statute, or Rules of Court.

Reviewing Staff Name (Print) Staff Signature

Date

Copy Distribution: 1 C-file 2. Inmate 3. Library 4. Litigation 5. Facility Captain or Designee

SALINAS VALLEY STATE PRISON
A-YARD LAW LIBRARYSTATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME)		(FIRST NAME)	CDC NUMBER:	SIGNATURE:
Saddozai		Shikeb	AY1590	ShikebSaddozai
HOUSING/BED NUMBER:	ASSIGNMENT:		HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.):
SVSP/A-2-130				LAW LIBRARY ACCESS (PLU)

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW: **ATTN: (NOTICE) A-Yard-Facility Law Library:**

Please provide me law library services, and resources (i.e. Legal-envelopes, Draft Pleading paper, research-time, etc.), needed to prosecute my ACTIVE LEGAL DEAD-LINES, on cases: U.S.D.C. Eastern Dist. Case No's. 1:20cv00358; 1:19cv01611-DAD-JDF & Northern Dist. Case No's. 18cv04511; 18cv04047; 18cv04492; 18cv05558; and Central Dist. Case No. 5:19cv1994., and therefore requires my immediate response. Thank you for your assistance. Please contact me for appointment.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

☐ SENT THROUGH MAIL: ADDRESSED TO: A-Yard-Facility Law Library DATE MAILED: 06/04/2020
☐ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF?
<u>C/O Simental</u>			(CIRCLE ONE) YES NO

IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY:
<u>SVSP/A-YARD-LAW LIBRARY</u>	<u>June-04, 2020</u>	(CIRCLE ONE) IN PERSON BY US MAIL

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
PRIORITY LIBRARY USER (PLU) REQUEST AND DECLARATION
CDCR 117 (9/00)

PRIORITY LIBRARY USER (PLU) REQUEST AND DECLARATION

Date of Request: 06 / 08 / 2020

Shikeb Saddozai

AY1590

Inmate's Full Name (Print Legibly)

CDCR #

Complete Inmate Housing Assignment Information:

Salinas Valley State Prison/A2-130L/P.O. Box 1050, Soledad, C.A. 93960

Complete sections A through D below to describe your established court deadline and certify your eligibility for Priority Legal User (PLU) status.

A. My established court deadline is based on (check one and provide information):
A court imposed deadline for an active case ATTACH COURT DOCUMENT SHOWING THE DEADLINE
Specify court (e.g., Kern County Superior Court, USDC, Eastern Dist. Court)
Specify case number: 1:20cv00358; 1:19cv01511;
OR Northern Dist. 18cv04511; 18cv04047; 18cv04492; 18cv00558; also
A statutory deadline. Central Dist. 5:19cv-1994
Identify the statute or court rule that compels the deadline: ACTIVE
Inmate Appeals: CSF-C-2-20-01111; ISP-1-19-01384

B. My deadline pertains to a(n) (check one and provide information if needed):

☒ Writ of habeas corpus

☒ State or Federal action concerning prison conditions

☒ Appeal of criminal conviction

☐ Petition for certiorari concerning criminal conviction

☒ Other legal action (specify): Ninth Circuit Court Appeals (18-07337);
Court of Appeals 1st Appellate Dist. A154854;

C. The day of my established court deadline is: MM / DD / YY / Currently Active.

D. Inmate's self certification of eligibility. (Check all that apply. Sign and date below):

☐ I am not represented by an attorney.

☒ I am working on, and will only work on, my individual case.

I certify that all of the above information is true and correct. I understand that my application for PLU status, or the granting of my PLU status, will be revoked for falsifying information on this request, and that I will be guilty of an administrative rule violation.

without prejudice
Shikeb Saddozai

AY1590

06 / 08 / 2020

Inmate's Signature

CDCR #

Date

PLEASE PROVIDE COPY WITH RESPONSE.

CDCR Staff Use Only

PLU status is GRANTED

Priority Legal User (PLU) status begins on MM / DD / YY

Priority Legal User (PLU) status ends on MM / DD / YY

PLU status is DENIED for the following reason(s):

Unable to process application
without documentation. Denied.

Reviewing Staff Certification:

I have reviewed this request and before granting this request I have verified that the requesting inmate has a valid court deadline that has been established by a Court, Statute, or Rules of Court.

D. Lee
Reviewing Staff Name (Print) Staff Signature

6/15/20
Date

Copy Distribution: 1 - C-File 2 - Inmate 3 - Library 4 - Litigation 5 - Facility 6 - Reporting 7 - Designee



CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

CLAIMANT GRIEVANCE CLAIMS DECISION RESPONSE

Re: Grievance Claims Decision Response

Offender Name: SADDOZAI, SHIKEB

Date: 08/11/2020

CDC#: AY1590

Current Location: SVSP-Facility A

Current Area/Bed: A 003 1 - 121001L

Log #: 000000022307

Claim #: 001

Institution/Parole Region of Origin: Salinas Valley State Prison

Facility/Parole District of Origin: SVSP-Facility A

Housing Area/Parole Unit of Origin:

Category: Offender Resources

Sub-Category: Law Library

I. CLAIM

Appellant claims S. Tomlinson, Senior Librarian, kept his legal documents he requested to be copied, while charging his inmate trust account constituting theft, fraud, deceit, etc...

II. RULES AND REFERENCES

A. CONTROLLING AUTHORITY

Title 15 Section 3162 (b) Legal Forms and Duplicating Services. Department Operation Manual (DOM) 101120.15 Legal Forms and Duplicating Services.

B. DOCUMENTS CONSIDERED

III. REASONING AND DECISION

There is no evidence of policy violations. The appellant's copy request was disapproved because it did not meet the DOM Supplement Section 101120.15 which states: "Only an original initial filing to a court that is complete and ready for submission shall be photocopied unless additional copies are requested pursuant to court order, court rules, or necessary to advance litigation." Therefore, the appellant's original legal documents were returned, but the copies that were obtained without approval were kept and destroyed because they did not meet the DOM Supplement 101120.15 criteria. The appellant was not charged for the disapproved copies. However, inmates are charged for copies per Title 15 Section 3162 (b) which states: "An inmate shall be required to pay for the duplication of printed forms and other written or typed materials, and for any special paper and envelopes required for mailing to the courts so long as the inmate has more than \$1.00 in his or her trust account or the inmate has attorney representation for the court action." The appellant was listed on the Indigent List for the month of July, 2020 and was not charged for any legal copies he obtained or requested during the month of July, 2020.

Decision: Disapproved

After a thorough review of all documents and evidence presented at the Office of Grievances Level, it is the order of the Office of Grievance to DISAPPROVE the claim.

If you are dissatisfied with the decision of this claim, you may file a 602-2, appeal with the California Department of Corrections and Rehabilitation Office of Appeals.

STATE OF CALIFORNIA

APPEAL OF GRIEVANCE

CDCR 602-2 (03/20)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 2

STAFF USE ONLY

Appeal #: _____ Date Received: _____
 Date Due: _____
 Categories: _____
 Grievance #: _____

Claimant Name: Shikeb Saddozai CDCR #: AY1590

Current Housing/Parole Unit: SVSP-A3-121 Institution/Facility/Parole Region: Salinas Valley State Prison, P.O. Box 1050, Soledad, C.A. 93960

☐ There are no claims that can be appealed.

☐ The following claims cannot be appealed:

Claim #s: (001) STAFF IMPROPER/UNETHICAL/MISCONDUCT AND DISCRIMINATION

This is the process to appeal the decision made regarding a claim that is not listed above.

Claim #: 0000-0002-2307

Explain the reason for your appeal of any claims not listed above. Be as specific as you can.

I am dissatisfied with the response I was given because Reasoning and decision provided was made by interviewer whom was participant in event making decision bias, prejudice, and fraudulent, nor supporting evidence produced for disapproval of grievance decision. Omissions & acts stated in reasoning & decision show policy violations per CCR Title 15 §§ 3160; 3123; 3141; 3162; 3144; 3084.1., and are series of persistent, planned, reoccurrences to punish appellant out of retaliation for accessing the courts made evident by taking and destroying appellants legal documents with originals and failing to preserve evidence alleged to be non-legal and or not meeting DOM supplement-101120.15 criteria per librarian-Tomlinson's personal opinion. Grievance is resubmitted to be reviewed for remedy and to be exhausted.

Are there documents that would be helpful to support your position? Attach copies of those documents, if you don't have the documents, identify them as best you can below:

Appellant demands staff to take polygraph test per CCR Title 15 § 3293., to ascertain the truth, and investigative report supporting grievance interviewer's decision which failed to be provided along with the legal documents illegally seized by librarian-Tomlinson. Due to Librarian-Tomlinson refusal to copy appellant's documentary evidence supporting complaint has obstructed grievance process requiring Appeal coordinator's assistance.

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR-0602 (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY

Institution/Parole Region:

Log #:

Category:

FOR STAFF USE ONLY

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations (CCR), Title 15, Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):

CDC Number:

Unit/Cell Number:

Assignment:

Saddozai

Shikeb

AY1590

SVSP-A3-121L

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.): (CCR 15 § 3391.)

STAFF IMPROPER/UNETHICAL/MISCONDUCT & DISCRIMINATION

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): On July-21, 2020, while in the custody of Salinas Valley State Prison (SVSP), Facility-Librarian: Tomlinson, stole, and kept, my legal documents I had copied, and originals, I had presented to Tomlinson, to be

B. Action requested (If you need more space, use Section B of the CDCR 602-A): I request the following action(s): 1) Warden for (SVSP)-M.B. Atchley, and Director of CDCR, be notified by Appeal Coordinator, and or prison staff of my (Appellant's) complaint-CDCR-602-Appeal. 2) I request the

Supporting Documents: Refer to CCR 3084.3.

☐ Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

CDCR-602-Appeal Attachment-A

☒ No, I have not attached any supporting documents. Reason: Librarian-Tomlinson, & CDCR staff failed/refused to assist me in making copies of documents to support my CDCR-602-Appeal/Complaint to aid and protect staff misconduct, dishonesty, obstruction of justice, etc.,

Inmate/Parolee Signature: ShikebSaddozai® Date Submitted: 07-21-2020

☐ By placing my initials in this box, I waive my right to receive an interview.

STAFF USE ONLY

RECEIVED JUL 29 2020

C. First Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☐ Yes ☐ No

This appeal has been:

☐ Bypassed at the First Level of Review. Go to Section E.☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____☐ Cancelled (See attached letter) Date: _____☐ Accepted at the First Level of Review.

Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

First Level Responder: Complete a First Level response. Include interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: _____ Interview Location: _____

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: _____ Title: _____ Signature: _____ Date completed: _____
(Print Name)Reviewer: _____ Title: _____ Signature: _____
(Print Name)

Date received by AC: _____

AC Use Only

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

LAB USE ONLY	Institution/Parole Region: <u>Log #:</u> <u>Category:</u>
--------------	---

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): Saddozai Shikeb	CDC Number: AY1590	Unit/Cell Number: SVSP-A3-121L	Assignment:
---	------------------------------	--	-------------

A. Continuation of CDCR 602, Section A only (Explain your issue): copied, & failed & refused
returning my legal work, while charging my inmate trust account
observed by witnesses, constituting theft, fraud, deceit, etc.,
Tomlinson, violated my confidentiality, reviewed my legal docs.,
against my protest, & applied a personal bias/prejudice, & made
her own legal determination & forced me to litigate my court or-
dered actions to her standards. Tomlinson knows I am Pro per, and
knew of my court deadlines & failed & refused granting my P.L.U.
access, & denied copying remainder of my legal documents as repr-
isal to cause me default, & denied me complaint forms, to prevent
me initiating a complaint. Tomlinson placed me under threat, &
had officer remove me from law library, denying me law library
services to subject me to further retaliation & harassment, aft-
er failing to operate law library over 30 days preventing me from
prosecuting my legal actions/appeals. Prison officials, upon be-
ing alerted of Tomlinson unlawful acts, & from prior complaints
on file, failed & refused to intervene to retrieve my legal docs.
to continue enabling Tomlinson in repeated misconduct, dishon-
esty, abuse of authority, felony fraud, that are contrary to CCR 15

Inmate/Parolee Signature: ShikebSaddozai
07-21-2020

Date Submitted:

STAFF USE ONLY
RECEIVED JUL 29 2020

B. Continuation of CDCR 602, Section B only (Action requested): return of my legal documents. 3) Daily acc-
ess to law library services & resources to make legal copies, obtain legal enve-
lopes, conduct legal research on computers, use stapler/white-out/tape/draft-
paper, etc., 4) Prison administration provide law librarian trained in the field
of law. 5) I request copy of record of complaints filed regarding law library
issues, within (SVSP). 6) A declaration or acknowledgement acts & omissions by
Tomlinson did violate California Code of Regulations (CCR) Title 15 §§ 3160.,
3123., 3141., 3162., 3084.1., 3144., 7) A declaration that Tomlinson did violate
my state and federal U.S. constitutional Amendments under I, IV, V, VI, XIV. 8) I
request a copy of 42 U.S.C. §1983 civil complaint form for the U.S.D.C. Northern
Dist. Ct. needed to initiate a civil cause of action against Tomlinson for said
violations in which Tomlinson refused to provide me without reprisal actions.

Inmate/Parolee Signature: ShikebSaddozai

Date Submitted: 07-21-2020.

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

HEALTH CARE SERVICES REQUEST FORM

CDCR 7362 (Rev. 03/19)

Page 2 of 2

PART I: TO BE COMPLETED BY THE PATIENT		
If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.		
REQUEST FOR:	MEDICAL <input type="checkbox"/>	MENTAL HEALTH <input checked="" type="checkbox"/> DENTAL <input type="checkbox"/> MEDICATION REFILL <input type="checkbox"/>
NAME Shikeb Saddozai	CDCR NUMBER AY1590	HOUSING SVSP-A3-121
PATIENT SIGNATURE ShikebSaddozai@	DATE 07-25-2020	
REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe your health problem and how long you have had the problem) NOTICE-ATTN: Dr. Price: On July-21, 2020, A-Yard-Librarian: Tomlinson, Stole, & Kept, my legal documents, refuses providing me law library services, & res- orces upon knowledge of my court-deadlines. Upon alerting Captain-PENNISI, he st- ated he will not intervene, nor assist with my mail tampering. This is impacting my mental health functions, leading to potential harm, requiring your advocacy. NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM		

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

HEALTH CARE SERVICES REQUEST FORM

CDCR 7362 (Rev. 03/19)

Page 2 of 2

PART I: TO BE COMPLETED BY THE PATIENT		
If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.		
REQUEST FOR:	MEDICAL <input type="checkbox"/>	MENTAL HEALTH <input checked="" type="checkbox"/> DENTAL <input type="checkbox"/> MEDICATION REFILL <input type="checkbox"/>
NAME Shikeb Saddozai	CDCR NUMBER AY1590	HOUSING SVSP-A3-121L
PATIENT SIGNATURE ShikebSaddozai@		DATE 07-25-2020.
REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe your health problem and how long you have had the problem) NOTICE-ATTN:Ms. Peterson, July 21, 2020, A-Yard-Librarian-Tomlinson, Stole, & Kept, my legal documents, refuses providing me law library services, & res- ources upon knowledge of my COURT deadlines, and Mailroom is rejecting my out-go- ing legal mail correspondence. Upon alerting Captain-PENNISI, he stated he will not intervene, thus impacting my mental health, causing harm requiring your advocacy.		
NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM		

STATE OF CALIFORNIA

HEALTH CARE SERVICES REQUEST FORM

CDCR 7362 (Rev. 03/19)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 2 of 2

PART I: TO BE COMPLETED BY THE PATIENT		
If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.		
REQUEST FOR:	MEDICAL <input type="checkbox"/>	MENTAL HEALTH <input checked="" type="checkbox"/> DENTAL <input type="checkbox"/> MEDICATION REFILL <input type="checkbox"/>
NAME	CDCR NUMBER	HOUSING
Shikeb Saddozai	AY1590	SVSP-A3-1218
PATIENT SIGNATURE	DATE	
ShikebSaddozai®	07-23-2020	
REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe your health problem and how long you have had the problem) I am repeatedly being harassed and subjected to retaliation and discrimination as a result of advocating for myself on my legal litigations and inmate appeals I have submitted which are repeatedly ignored and unresolved seeking help from facility Warden, Captain, and Correctional counselor's. This has adversely impacted my mental health and wellbeing. Please help on issues.		
NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM		

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

HEALTH CARE SERVICES REQUEST FORM

CDCR 7362 (Rev. 03/19)

Page 2 of 2

PART I: TO BE COMPLETED BY THE PATIENT		
If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.		
REQUEST FOR: MEDICAL <input type="checkbox"/> MENTAL HEALTH <input checked="" type="checkbox"/> DENTAL <input type="checkbox"/> MEDICATION REFILL <input type="checkbox"/>		
NAME Shikeb Saddozai	CDCR NUMBER AY1590	HOUSING SVSP-A3-121L
PATIENT SIGNATURE ShikebSaddozai®		DATE 07-21-2020
REASON YOU ARE REQUESTING HEALTH CARE SERVICES (Describe your health problem and how long you have had the problem) NOTICE- Attn: Dr. Ahmann: On July-21, 2020, A-Yard facility Edu. Librarian-Tomlinson, stole and kept legal documents belonging to me that I presented to Tomlinson to be copied relating to my legal litigation activity, in - addition to reading my confidential legal documents without my consent, witnessed by inmates. Please assist in the return of legal documents in tomlinson possession.		
NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM		

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

HEALTH CARE SERVICES REQUEST FORM

CDCR 7362 (Rev. 03/19)

Page 2 of 2

PART I: TO BE COMPLETED BY THE PATIENT

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☒ DENTAL ☐ MEDICATION REFILL ☐

NAME Shikeb Saddozai	CDCR NUMBER AY1590	HOUSING SVSP-A3-121L
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PATIENT SIGNATURE ShikebSaddozai®	DATE July-21, 2020.
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REASON YOU ARE REQUESTING HEALTH CARE SERVICES (Describe your health problem and how long you have had the problem) **On-July21, 2020, A-Yard facility Librarian: Tomlinson, stole, & kept**

Legal documents approved to be copied with originals relating to my court actions in addition to reading my confidential legal documents without my consent, and continues to deny return of my legal work as reprisal to punish me for complaining resulting in adverse effect to my mental health requiring your advocacy. Please help.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

State of California

Department of Corrections and Rehabilitation

Memorandum

Date: April 7, 2020

To: Associate Director, Division of Adult Institutions
Wardens

Subject: **REVISED COVID-19 MANDATORY 14-DAY MODIFIED PROGRAM**

The California Department of Corrections and Rehabilitation's priority is to protect the health and well-being of our staff and the offender population as well as providing a safe environment. The purpose of the memorandum is to reduce staff and inmate exposure to the coronavirus (COVID-19) by increasing more restrictive measures.

Effective Wednesday, April 8, 2020, all institutions will implement a mandatory 14-day modified program. Each institution will be responsible for either creating or amending their current Program Status Report taking all of the following information into consideration:

- The entire institution will be affected, except for Restricted Housing Units, Correctional Treatment Centers, and Psychiatric Inpatient Programs, etc.
- Movement will be via escort - maintain increased social distancing unless security would dictate otherwise (i.e. Administrative Segregation Unit placement). Movement will be in such a fashion as to not mix inmates from one housing unit with another housing unit.
- Feeding – Cell feeding or one housing unit at a time, maintaining social distancing and disinfecting tables between each use
- Ducats – priority only – includes mental health groups and individual clinical contacts
- Visiting – none
- Family visiting – none
- Legal visits – urgent/emergency, via telephone or video conference where available. Board of Parole Hearings will continue with attorney contacts as required
- Workers – critical and porters
- Showers – maintain distancing and disinfect between each use
- Health care services - conduct rounds in housing units
- Medication(s) distribution – Wardens, please work with your CEO's to establish a process, recommend if cell feeding, medication line is conducted within the unit. If doing controlled feeding within the dining halls, utilize medication windows on the yard
- Law Library – PLU or paging option while maintaining social distancing in library
- Dayroom – numbers need to be reduced to allow for increased social distancing which may result in no dayroom activities if unable to maintain social distancing numbers to accommodate showers and phones

Associate Director, Division of Adult Institutions
Wardens
Page 2

- Recreation - One housing unit/dorm at a time
- Canteen is permitted – if unable to accommodate during scheduled yard time facilitate delivery method
- Packages are permitted
- Phone calls are permitted - disinfect between each use
- Religious programs shall be cell front or deliver materials to housing unit/dorm/cells
- Educational materials to be provided either cell front or to dorm
- Request for Health Care Services Forms, CDCR-Form 7362, will be distributed and picked up in the housing units by staff

During this time, I would like to see our Community Resource Managers and Education Department facilitate the delivery of increased games, program materials, reading books, or other items to the housing units. Housing unit/dorm officers and supervisors are expected to conduct additional rounds and spot checks of inmates in an effort to reduce self-harm and/or suicide attempts.

All institutions will be required to provide a copy of their Program Status Report, Part-A, to their respective Associate Director each day for this 14-day period. Institutions are expected to brief staff and inmate advisory committees on this directive as this modified program is currently only slated to be in effect for 14-days, through April 21, 2020.

During the past couple of weeks there have been some best practices coming forward that I would like to see implemented or considered such as placing markers on the ground in six foot intervals as a reminder for staff and inmates to maintain social distancing, and the placement of acrylic glass (e.g. Plexiglas) at staff entrances as a barrier between the screener and the person entering the prison.

Thank you for you continued efforts in managing this COVID-19 event. If you have any additional questions, please contact your respective Associate Director.

CONNIE GIPSON
Director
Division of Adult Institutions

cc: Kimberly Seibel
Patrice Davis
Justin Penney

EXHIBIT F

DIVISION OF ADULT INSTITUTIONS

IRONWOOD STATE PRISON
19005 Wiley's Well Road
P.O. Box 2229
Blythe, CA 92226-2229



Date: November 12, 2019

Saddozai, Shikeb
CDCR#: AY1590
Ironwood State Prison (ISP)
Blythe, CA 92225

Dear Mr. SADDOZAI:

This memorandum is being generated as formal response to the CDCR 22, INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE REQUEST dated October 28, 2019, addressed to the Warden N. McDowell, Chief Deputy Warden R. Smith, and Associate Warden, S. Moore.

On Tuesday, November 12, 2019, during an interview conducted at your request, you presented the Investigative Services Unit (ISU) with multiple documents you identified as being documentary evidence of potential violations, which prevented you from disclosing on an inmate request form. Upon review of the documents submitted by you, it was determined your safety would be at risk if remained housed at ISP; therefore Administrative Segregation Unit (ISU) placement was warranted in order to protect your safety and the safety of the institution. ISU has initiated an Investigation into your safety/enemy concerns at ISP, based on your allegations of being harassed and threaten by inmates housed on Facility B, who you identified as being active Security Threat Group (STG) members/associates. You may remain in ASU pending completion of the investigation and or review by the Institutional Classification Committee (ICC) to determine your future programming needs.

Furthermore, your allegations regarding the staff misconduct should be addressed and submitted utilizing a CDCR 602, INMATE/PAROLLE APPEAL Form.

A handwritten signature in black ink, appearing to read "F. Duenas", is located below the text of the memorandum.

F. DUENAS
Correctional Lieutenant
Investigative Services Unit
Ironwood State Prison

STATE of CALIFORNIA

OIG | OFFICE of the
INSPECTOR GENERALRoy W. Wesley, Inspector General
Bryan B. Bayer, Chief Deputy Inspector General**Independent Prison Oversight**Regional OfficesSacramento
Bakersfield
Rancho Cucamonga

February 4, 2020

Shikeb Saddozai, AY1590
California State Prison - Corcoran
P.O. Box 8800
Corcoran, CA 93212-8309

Dear Shikeb Saddozai,

The Office of the Inspector General (OIG) received your voice messages on December 5th, 8th, 20th, 23, and 26th of 2019, and on January 13, 2020. You allege that you reported a leak in your cell, but staff took no action, you have not received a response to a few of your appeals, Form 22s are not available, you have been retaliated against for submitting appeals for being on lockdown status for more than 15 days, your property was confiscated on November 12, 2019 when it did not follow you when you were transferred from Ironwood State Prison (ISP) to California State Prison, Corcoran, and that certain ISP correctional staff attempted to intimidate you into withdrawing an appeal during a telephone interview. We have conducted a review into the issues you raised. Based on our review of your complaint, we determined that no further intervention is warranted by our office at this time. We apologize for our delay in responding to your correspondence.

When conducting our reviews, we document and review the alleged activity, review applicable policies and procedures, and request additional documentation from the California Department of Corrections and Rehabilitation (CDCR), as needed. Our reviews may also require us to request an inmate appeals tracking system report from the department to ensure that inmates have access to formal administrative remedies.

We also attempt to determine if you have attempted to obtain resolution to your complaint by filing a CDCR Form 22, Inmate/Parolee Request for Interview, Item or Service or CDCR 1824, Request for Reasonable Accommodation. If your request was unsuccessful, we encourage you to utilize your available administrative grievance remedies by filing a CDCR 602, Inmate/Parolee Appeal form. You should continue the administrative grievance process until you have received a final decision by the CDCR's third level of review. If you have received a response by the third level of review and believe the department failed to appropriately address your concerns, you may choose to resubmit your complaint to our office and include the reasons why the department's response was inappropriate.



STATE of CALIFORNIA

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Bryan B. Bayer, Chief Deputy Inspector General**Independent Prison Oversight**Regional Offices

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The OIG is an independent State of California government agency established by law. Our primary responsibility is the independent oversight of California's youth and adult correctional agencies, including the CDCR, the Board of Parole Hearings, and the Prison Industry Authority. As part of our statutory mandates, the OIG oversees the internal affairs investigations and employee disciplinary process of the CDCR, monitors CDCR's use-of-force review process, and conducts reviews of the department's policies, practices, and procedures. The OIG is not an investigative agency and does not pursue legal action on behalf of inmates.

Thank you for bringing your concerns to our attention.

INTAKE AND REVIEW UNIT

Office of the Inspector General

MM : 19-0031942-PI

19-0031971-PI

19-0032109-PI

19-0032141-PI

19-0032162-PI

19-0032316-PI



STATE of CALIFORNIA

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Bryan B. Bayer, Chief Deputy Inspector General**Independent Prison Oversight**Regional Offices

Sacramento

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Rancho Cucamonga

January 15, 2020

Shikeb Saddozai, AY1590
California State Prison - Corcoran
P.O. Box 8800
Corcoran, CA 93212-8309

Dear Shikeb Saddozai,

The Office of the Inspector General (OIG) has received your correspondence dated September 29, 2019 concerning access to the law library, living conditions and medical treatment while you were previously housed at Ironwood State Prison.

We conducted a review into the issues you raised and determined no further intervention is warranted by our office at this time. In the future, we encourage you to utilize the available administrative grievance remedies until you have received a final decision by the California Department of Corrections and Rehabilitation (CDCR) third level of review.

If your appeal is screened out, we recommend you follow the instructions provided by appeals staff and resubmit your appeal to the appeals office within 30 days. If you wish to do so, you may use a CDCR Form 22 as a receipt when submitting your CDCR Form 602 appeal to institutional staff. Please contact your correctional counselor for advice and assistance regarding questions about the process or the status of your appeal/grievance.

If your appeal is canceled, and you dispute the reasons for canceling your appeal, you may file a new appeal disputing the appeal coordinator's reasons for cancellation, explaining why the cancellation was improper or why the appeal should have been processed. You should attach the original appeal and the cancellation notice with any documentation supporting your claim that the appeal was improperly rejected, and submit the whole package to the appeals coordinator. Please note, you must appeal the cancellation within 30 days of the issuance of the CDCR Form 695 (Screening For: CDCR Form 602 Inmate/Parolee Appeals).

Regarding concerns with appeal issues submitted to our office, please include copies of supporting documents such as copies of submitted CDCR Form 602 appeal form and/or CDCR Form 22, if applicable. Also, do not send us originals, as we will not be able to return them.



STATE of CALIFORNIA

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INSPECTOR GENERAL

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Bryan B. Beyer, Chief Deputy Inspector General

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The OIG is an independent State of California government agency established by law. Our primary responsibility is the independent oversight of California's youth and adult correctional agencies, including the CDCR, the Board of Parole Hearings, and the Prison Industry Authority. As part of our statutory mandates, the OIG oversees the internal affairs investigations and employee disciplinary process of the CDCR, monitors CDCR's use-of-force review process, and conducts reviews of CDCR's policies, practices, and procedures. The OIG is not an investigative agency and does not pursue legal action on behalf of inmates.

Thank you for bringing your concerns to our attention. The Office of the Inspector General considers this matter closed.

INTAKE AND REVIEW UNIT
Office of the Inspector General

MM : 19-0031311-PI



STATE of CALIFORNIA

OIG | OFFICE of the
INSPECTOR GENERALRoy W. Wesley, Inspector General
Bryan B. Beyer, Chief Deputy Inspector General**Independent Prison Oversight**Regional Offices

Sacramento

Bakersfield

Rancho Cucamonga

January 15, 2020

Shikeb Saddozai, AY1590
California State Prison - Corcoran
P.O. Box 8800
Corcoran, CA 93212-8309

Dear Shikeb Saddozai,

The Office of the Inspector General has received your correspondence dated September 11, 2019 concerning your allegation that certain custody officers illegally confiscated much of your property at the California Correctional Institution in preparation for your transfer to Wasco State Prison.

Before this office will consider taking any action on your concerns, you must first demonstrate your attempts to obtain resolution to your issues by completing the formal administrative process with the California Department of Corrections and Rehabilitation (CDCR), such as filing a CDCR Form 22, CDCR 602 Inmate/Parolee Appeal, or CDCR 1824 Request for Reasonable Accommodation.

We encourage you to continue using available administrative grievance remedies until you have received a final decision by the third level of review. If your appeal was screened out in the last 30 days, we recommend you follow the instructions provided by appeals staff and resubmit your appeal to the appeals office. If you wish to do so, you may use a CDCR Form 22 as a receipt when submitting your CDCR Form 602 appeal to institutional staff. Please contact your correctional counselor for advice and assistance regarding questions about the process or the status of your appeal/grievance.

If your appeal has been cancelled, and you dispute the reasons for cancelling your appeal, you may file a new appeal disputing the appeal coordinator's reasons for cancellation, explaining why the cancellation was improper or why the appeal should have been processed. You should attach the original appeal and the cancellation notice with any documentation supporting your claim that the appeal was improperly rejected, and submit the whole package to the appeals coordinator. Please note, you must appeal the cancellation within 30 days of the issuance of the CDCR Form 695 (Screening For: CDCR Form 602 Inmate/Parolee Appeals).

In the future, regarding concerns with appeal issues submitted to our office, please include copies



STATE of CALIFORNIA

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Independent Prison Oversight

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of supporting documents such as copies of submitted CDCR Form 602 appeal form and/or CDCR Form 22, if applicable. Also, do not send us originals, as we will not be able to return them.

Once a decision has been rendered by the third level of review, if you believe the CDCR failed to appropriately address your concerns, you may choose to resubmit your complaint to this office.

Thank you for bringing your concerns to our attention.

INTAKE AND REVIEW UNIT
Office of the Inspector General

MM : 19-0031543-PI



STATE of CALIFORNIA

OIG | OFFICE of the
INSPECTOR GENERAL

Roy W. Wesley, Inspector General
Bryan B. Beyer, Chief Deputy Inspector General

Independent Prison Oversight

Regional Offices

Sacramento
Bakersfield
Rancho Cucamonga

January 15, 2020

Shikeb Saddozai, AY1590
California State Prison - Corcoran
P.O. Box 8800
Corcoran, CA 93212-8309

Dear Shikeb Saddozai,

The Office of the Inspector General has received your correspondence dated October 28, 2019 explaining your safety concern and threats and retaliation by certain custody staff while you were previously housed at Ironwood State Prison.

We conducted a review into the issues you raised and determined no further intervention is warranted by our office at this time.

Thank you for bringing your concerns to our attention. The Office of the Inspector General considers this matter closed.

INTAKE AND REVIEW UNIT
Office of the Inspector General

MM : 19-0031692-PI



MAIL ROOM SUPERVISOR

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) Saddozai (FIRST NAME) Shikeb		CDC NUMBER: AY1590	SIGNATURE: ShikebSaddozai
HOUSING/BED NUMBER: SVSP/A-2-130L	ASSIGNMENT:	HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): INDIGENT ENVELOPES

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

NOTICE-ATTN: MAIL ROOM SUPERVISOR:


Upon my arrival on June 3, 2020, I did not receive my state issuance indigent envelopes. Please assist me and or forward my request to the proper department to obtain my State Issuance Indigent Envelopes for the month of June, needed to correspond on my active legal litigations. Thank you for your assistance and prompt response.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED**

☐ SENT THROUGH MAIL: ADDRESSED TO: SVSP/MAIL ROOM SUPERVISOR


DATE MAILED: 06/04/2020

☐ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: 	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
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IF FORWARDED - TO WHOM: SVSP/MAIL ROOM SUPERVISOR	DATE DELIVERED/MAILED: JUNE-04, 2020	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL
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SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME: C. Martinez	DATE: 6/9/2020	SIGNATURE: 	DATE RETURNED: 6/9/2020
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Your request for indigent was received on 6/9/2020. This request will be processed with 3rd draw June 2020, should you qualify.


SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

Please provide me information on what my options are in the mean time in corresponding with attorney, courts, and family, on time sensitive legal actions without immediate access to indigent envelopes. Please also provide me CDCR-22-forms as the following forms are not made available on housing unit.

SIGNATURE: ShikebSaddozai®-----	DATE SUBMITTED: Received-06/10/2020-and SENT-----
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME): C. Martinez	DATE: 6/12/2020	SIGNATURE: 	DATE RETURNED: 6/12/2020
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You may be able to ask your floor officers or law library for a couple, in the mean time you would have to wait till 3rd draw indigent list is complete. Trust office does not carry 22 forms. Please ask your floor officers for request for interview forms.

Name: SADDUZAI, SHIKIB

CDC #: AY1590 PID #: 1192757

PTS022A

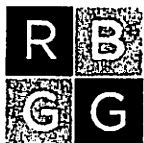
Bed Assignments

Monday November 18, 2019 09:13:44 A

1 - 20 of 48

Date	Time	Facility Name	Housing Area	Bed #	Housing Program	Status
<u>11/12/2019</u>	22:40	CIM-Facility D	D OHU 1	115001L	Mental Health Crisis Bed	Moved
<u>10/25/2019</u>	13:23	ISP-Facility B	B 002 2	201001L	Sensitive Needs Yard	Unassigned
<u>09/25/2019</u>	15:27	ISP-Facility B	B 001 1	131001L	Sensitive Needs Yard	Unassigned
<u>09/10/2019</u>	15:23	ISP-Facility B	B 001 1	145001L	Sensitive Needs Yard	Unassigned
<u>09/10/2019</u>	11:46	ISP-Facility B	B 001 2	210001L	Sensitive Needs Yard	Unassigned
<u>09/05/2019</u>	21:09	ISP-Facility B	B 004 1	143001L	Sensitive Needs Yard	Unassigned
<u>09/04/2019</u>	22:43	WSP-Facility B	B 004 2	235001L	Reception Center	Unassigned
<u>06/04/2019</u>	20:46	CCI-Facility C	C 002 1	139001L	Sensitive Needs Yard	Unassigned
<u>10/19/2018</u>	15:36	CCI-Facility C	C 001 2	243001L	Sensitive Needs Yard	Unassigned
<u>10/18/2018</u>	21:10	DVI-Facility A	A L 1	043001L	Administrative Segregation Unit	Unassigned
<u>08/23/2018</u>	21:27	SQ-Facility A	A SB A4	007001L	Reception Center	Unassigned
<u>08/23/2018</u>	21:15	SQ-Facility A	A SB A4	039001U	Reception Center	Unassigned
<u>08/18/2018</u>	07:55	SQ-Facility A	A SB C3	050001L	Administrative Segregation Unit	Unassigned
<u>08/14/2018</u>	21:25	SQ-Facility A	A SB C2	014001L	Administrative Segregation Unit	Unassigned
<u>07/30/2018</u>	12:44	SQ-Facility A	A SB B3	027001L	Reception Center	Unassigned
<u>10/28/2015</u>	11:59	SQ-Facility A	A SB B3	032001L	Reception Center	Unassigned
<u>04/30/2007</u>	19:27	SQ-Facility A	N 5 00000000	026L	General Population	Unassigned
<u>04/30/2007</u>	19:24	SQ-Facility A	W 2 00000000	105L	Reception Center	Unassigned
<u>03/14/2007</u>	20:57	SQ-Facility A	W 2 00000000	105L	Reception Center	Unassigned
<u>03/08/2007</u>	08:43	SQ-Facility A	W 3 00000000	066L	Reception Center	Unassigned

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May 21, 2020

VIA U.S. MAIL

CONFIDENTIAL – LEGAL MAIL

Shikeb Saddozai, AY1590
California State Prison, Corcoran
P.O. Box 8800
Corcoran, CA 93212-8800

Re: *Coleman v. Newsom*
Our File No. 0489-03

Dear Mr. Saddozai:

This is in response to your call to our office on May 15, 2020.

In your call, you mentioned that you had an IDTT meeting scheduled for May 20, 2020. You said that you were concerned about discharging to the CCCMS level of care and concerned that this IDTT was scheduled as retaliation. We shared your concerns. After your call to our office on May 15, our office sent a letter to attorneys for CDCR on May 20, 2020. That letter is enclosed here for you. We asked that you be shielded from further retaliation and that the recommendation to discharge you from EOP to CCCMS be rescinded and then reviewed at an executive level, since we understood your clinician had her supervisor in the room when she told you about the discharge to CCCMS. We have not received a response yet. We will let you know when we do.

Did you file a 602 regarding your discharge to CCCMS? If so, have you received any response yet? Please write back and let us know. I am enclosing a self-addressed, stamped envelope and writing paper for you to use, if you wish. You can also call our office at 415-433-6830 if you prefer.

During your May 15 call, you also mentioned your concerns that this discharge would impact your transfer endorsement. Since your IDTT on May 20, have you received any news of your transfer endorsement?